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PHYSIOLOGY.

LECTURES

ON THE

PHYSICAL CONDITIONS

OF THE

TISSUES OF THE HUMAN BODY

AS APPLIED TO THE EXPLANATION OF

VITAL PHENOMENA.

Delivered at the College of France in 1834.

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LECTURE XII.

Those parts in which certain Tissues intervenes between the Arteries and Veins.—The Circulation in the Osseous Tissue.—Resumé, relative to the Heart's Action.—The Physical Properties of the Arteries and Veins proved by Experiment on the Dead Body.—Peculiarities in Normal Blood as a Fluid.—The process of Venesection.—Great power of the excited and diseased Heart.—Effect of Inspiration and Expiration on the Circulation.

WE have now, Gentlemen, devoted some time to the consideration of the manner in which the arteries are distributed in the different organs and tissues of the human body. In some parts they are found to end directly in the veins, pouring the blood into the radicles of that system without any intermediate order of vessels, or the interposition of any other structure; this is what takes place most generally; in other parts, on the contrary, we have an interval between the small arteries and the commencement of the veins; the two great systems of blood-vessels do not communicate directly with each other. This arrangement is particularly seen, as you were told during the last lecture, in what is called by anatomists the erectile tissue. If, for example, you inject the pudic arteries, and follow their branches into the substance of the corpora cavernosa, you will arrive at a very peculiar arrangement of the vascular apparatus; you will, in short, find those bodies composed externally of a hard, dense, and very resisting membrane, which encloses a great number of filaments and fibrous plates crossing each other in all directions, and forming a kind of sponge into which the blood is extravasated.

The arteries terminate in the interstices or cells of this spongy mass, not in the veins; indeed, the latter seem totally consumed in composing the cavernous tissue itself, and their extremities communicate also, by very manifest openings, with the cells already mentioned.

This arrangement of structure must necessarily give rise to a peculiar circulation in the penis and other erectile tissues; the blood is, as it were, extravasated into the substance of the corpus cavernosum, and does not pass at once from the artery to its corresponding vein. Here we evidently cannot admit vitality, or an action in the smaller vessels, in promoting the passage of the circulating fluid, for it is quite beyond their power; but the influence of the heart is not lost; it continues its influence as a propelling machine, and re-establishes the circulation in its ordinary course, as soon as the object giving rise to the alteration has been accomplished.

The osseous tissue furnishes us with an example of arrangement very similar to that seen in the cavernous bodies, and presents the same phenomena with respect to the circulation of blood in its interior. If you lay open the bone of a living animal, or merely observe what takes place during the operation of trepanning, you will find a peculiar circulation here also; the blood passes slowly through the cellular tissue of the bone, and seems to be effused into its substance as in the corpus cavernosum; yet the passage of the vital fluid through this tissue goes on as regularly and perfectly as if the arteries here terminated at once in the venous system.

We have already, Gentlemen, shown you the influence exercised by the heart in promoting the passage of the fluid contained in the arteries to the veins; how, in short, the motion of the blood through the venous system can only be attributed to the contractions of the left ventricle. This was proved by a very simple experiment. A ligature was passed round the crural vein, and the vessel was then opened by a slight touch of the lancet; the jet of blood, which immediately flowed from the vein, was regulated both as to its force and extent by any pressure exercised upon the trunk of the femoral artery, and when the heart's contractions were represented by injecting water through a syringe, the jet from the wounded vessel corresponded with the quantity of fluid thus introduced artificially, and to the force employed.

This is a capital fact in physiology, and worth all the theories put together which depend on contractility, vital dilatation, &c. It is, as I have so often had occasion to insist on, the result of a physical cause, for the influence of the heart may be imitated by a syringe, and an artificial current established in the veins, showing how the circulation of the blood in that system depends solely on certain mechanical conditions, and may be reproduced, to some extent in the dead body, whenever the conditions are fulfilled.

After the discovery of the circulation of the blood, physiologists applied themselves at once to discover the reasons for the several apparently complicated phenomena by which it is accompanied; and the mechanism or power which propelled the current of blood from these minute branches of the arterial system to the venous radicles, and continued it through the latter to the heart, was a matter of infinite speculation. Many theories were started to explain this circumstance, and the most ingenious reasoning, supported by facts taken at hazard, was adduced by the followers of different great men; but in my opinion, nothing can be more simple or clear. The action of the heart, which first discharges the blood from its left ventricle, propels it along the great trunk of the aorta and its branches, and conveys the fluid to the remotest parts of the frame, is surely sufficient to continue the current in a gentle flow through the arterial capillaries to the veins, and is felt in the latter system by a constant uniform pressure. In this simple mode of regarding the affair, we have no recourse to a supposed vital action or property of any kind, but explain a physical effect by a physical cause. The strange predilection of physiologists for theories and vital properties has been a main cause of the uncertainty of the science and the numerous errors by which the works of the best writers are disfigured. It is, therefore, time to establish something positive, and to endeavour to arrive at useful results, by separating theory from fact, and by distinguishing that which is certain from the creation of our fancy. This is the only path to true knowledge, and by following it we may, in time, hope to comprehend all the phenomena of this mysterious function. In the meanwhile let us endeavour to establish the certainties to which we have alluded, by experiment. Here is one which shows the great simplicity of the circulating system, and the little necessity of seeking other principles of explanation than those which are to be found in the general laws of physics.

The experiment which we are now about to perform is very similar, in fact is identical, with one you have already witnessed, but with this difference, that it is performed on the dead body. However, if our theory be a correct one, if we are to regard the arteries merely as elastic tubes, conveying a fluid from one part of the body to another, we shall have nearly the same effects produced as during life; we shall see the water which I am about to inject into the arteries, passing from them into the veins; we shall have the elastic artery (for remember *physical* properties are not destroyed by death) assisting the passage of the fluid through its extreme branches, and we shall, finally, be able to establish a slow current through the venous system, where the phenomena are not so well marked, because this system is endowed with a lesser degree of elasticity than the arterial, and the passage of blood through it requires certain accessary aids, to which we shall presently refer. This ceases to be surprising when you remember that the blood may stagnate in the veins, even during life; and this arrives whenever the action of the heart is too feeble to influence the passage of the blood through that system. The circulation in a cholera patient differs little from that which we can produce artificially in the dead body.

A tube has been introduced, as you see, into the popliteal artery of this animal. We shall now inject a quantity of water, and you will soon see the fluid pass from the artery to the corresponding vein. When the latter is sufficiently distended we will make a small opening through its parietes, and produce the same jet of fluid that you witnessed before from the veins of a living dog. The phenomena ought, in fact, to be identical in both cases, because as the primary impulse is mechanical, and the conditions necessary for the passage of the fluid are physical, we may obtain the

same results on the dead as on the living subject. I now force some water into the artery, it enters the radicles of the popliteal vein, and now that the trunk of this latter vessel has been opened, you see a jet of fluid, increasing in height whenever I employ any pressure on the piston of the syringe. The stream discharged from the vein in the present instance is slight in comparison with that which flows from a living vessel; but we can easily account for this difference, which, besides, does not weaken the conclusion we would draw from the fact. It depends on the difference of the two fluids circulating through the vessels.

I need not recapitulate in how many ways water differs from blood; let it suffice to say that the water is readily imbibed by the tissues in contact with it, distends them, and thus creates an obstacle to its passage through the smaller vessels, which are compressed by the tumefaction of the surrounding cellular or muscular substance. Blood, on the contrary, possesses a peculiar property, not to be imbibed like other fluids. This is a condition necessary for its free circulation, and whenever the blood loses this essential property, it becomes unfit to traverse the minute vessels, the circulation is impeded, the fluids and watery parts are imbibed, and the limbs exhibit that tumified œdematous appearance which you must have remarked toward the termination of various diseases. However, the stream of blood, though small, was sufficiently well marked in the present experiment to prove the main fact on which we have so often insisted, viz., the direct communication existing between the arteries and the veins. You saw this in the dead body, and there is no reason whatever for supposing that it does not equally exist in the living subject.

The same phenomenon is seen in one of the most common operations which you will be called upon to perform; let us, therefore, bestow a few minutes to consider what takes place when you bleed a patient. The first manœuvre of this operation consists, as you all well enough know, in placing a ligature round the limb in order to prevent the blood from passing to the heart by any other channel, and to concentrate it in the larger vessels; it is a rule laid down in all surgical works that you are not to constrain the limb by drawing the ligature too tightly, for by this means you run the risk of compressing the artery, and, consequently, preventing the passage of the blood altogether into the venous system; this is a familiar practical rule, and depends, as you see, on the ready communication between the artery and the vein.

Let us now suppose that all the little preliminary preparations have been gone through, and that you have made an opening into the vein without being able to extract any blood; what happens in this case, or why do you immediately loosen the ribbon round the patient's arm? In all books you are told to relax the ligature a little whenever the blood does not flow in a full stream, but they do not give any explanation of this, nor tell you why the removal of pressure is calculated to promote the flow of blood in a more perfect manner. The reason, however, is simple enough; you loosen the bandage in order to permit the blood to flow on freely from the artery to the vein, and you also obtain the advantage of having by this means a much larger and stronger jet of blood, which is necessary to the success of the operation in many cases of inflammation, or when it may be desirable to produce syncope, &c. Thus the compression kept up by the bandage must be exercised in a very nice and delicate manner, and with a double view; on the one hand you must prevent the blood from passing through the small superficial veins of the arm, and direct it to the large branches, while, on the other hand, you must be careful to leave a free course for the arterial current to the venous radicles, by graduating your pressure so as to arrest the circulation through a part of one system without interrupting it in the other.

It is easy to see, from a consideration of these simple and familiar phenomena, that you can never comprehend, in a physiological point of view, the operation of bleeding, the effects of the bandage, the stream from the veins, &c., without referring to the mechanical force of the heart by which the blood is impelled through the arteries to the veins, and continued through these latter vessels in a gentle uniform current. No other theory, I say, will give a satisfactory explanation of this. A vital capillary action of the extreme branches of the arterial system will never, for example, produce a jet of blood from the vein one or two feet in height, nor tell you why this jet is immediately developed when you loosen the ligature in cases where no blood flows when the vein is opened by the lancet. Yet the cause of this phenomenon is manifest; we can reproduce it at pleasure on the living animal, and show you by repeated experiments the truth of our theory; you saw the vein of a dog opened, and the blood flowing in a full stream; the artery was compressed and the stream fell immediately; when the pressure was increased

the jet of blood was completely arrested. You also saw what happened when the pressure was removed; the stream of blood did not return in a sudden gush, but was re-established gradually and uniformly, in consequence of the elastic property of the arterial parietes acting on the fluid passing through the main vessel of the limb.

We have thus, Gentlemen, attributed the circulation of blood through the arterial system, its passage to the veins, and its subsequent return to the right ventricle, principally to the agency of the heart, nor can we admit for a moment the objection of those who say that the force of the heart is not sufficient to account for such distant effects; we uphold, on the contrary, that the power of the heart as an impulsive machine is very considerable, much greater than you would imagine without reflecting on various phenomena of health or disease, where the force is developed. Under ordinary circumstances the action of the central organ is moderate, though still sufficient for the due support of its function, but let a man be agitated by passion, or a female by modesty, see with what sudden force the capillaries of the cheeks are instantaneously filled, how the heart palpitates, and, if the mental affection be violent, then threatens the individual with imminent danger, from the rapidity and violence with which the circulating fluid is driven to all parts of the body.

What thus happens incidentally, as an effect of mental emotions, may be produced in the fullest extent and continually, by disease of the heart; the force with which an hypertrophied heart acts, is astonishing, and if you have ever seen an example I have only to recall your mind to the manner in which the chest and even the bed-clothes of a patient labouring under that affection are lifted up at each pulsation of the heart. At what a distance you can hear the point of the organ strike against the parietes of the chest! I am sure I have heard the heart beating fifty feet from the patient's bed; and in many of these cases the blood is driven with such force to the distant organs that the small vessels give way, and hemorrhage ensues, to the destruction of the patient. You all know that hypertrophy of the heart very frequently occasions death by apoplexy; the heart sends the blood with unusual violence to the brain, a delicate vessel is ruptured, fluid is effused, and death is the consequence.

The action of the heart may be augmented by various other causes upon which it is unnecessary for our present purpose to dwell; but without entering into details which belong rather to pathology, we may assume that the central organ of the circulation is at all times endowed with sufficient force to propel the blood through all parts of the system, and that it is useless to seek for any other cause of motion.

This theory, I say, should explain all the phenomena of the circulation, or otherwise it is untenable, for no theory is a good one which may be applied only to a few facts, leaving others unexplained, or in contradiction with it. I do not pretend to say that certain modifications may not take place in the circulation of the blood through the tissues of the human body, which are not perfectly accounted for on this principle, because here the nervous system comes into play, and regulates, in all probability, the distribution and course of the blood, through the ultimate component tissues; but in the larger vessels, which are destined to carry the vital fluid from the heart to the substance composing our different organs, no one phenomenon takes place that may not be explained by the theory I have just mentioned.

For example, let us return again to the operation of bleeding, and consider one or two remarkable circumstances which sometimes accompany it, showing the remarkable influence exercised by the respiratory muscles on the course of the blood. When you bleed a patient, and have succeeded in establishing a good jet of blood, desire your patient to make a strong and violent inspiration; the jet immediately falls, and loses a considerable portion of its force; on the contrary, the jet is re-established as soon as the patient respires, and empties his chest of the air contained in it? What is the reason of this, or how are we to explain the connexion between the movements of the chest in respiration, and the circulation of the blood? the subject is of sufficient importance to detain us for a few minutes. During the dilatation of the thorax, the blood contained in the two cavæ (and, consequently, the blood of the other veins) is attracted toward the heart by the same mechanism which attracts the air into the lungs; on the contrary, as the cavity of the chest is diminished during expiration, the pectoral organs, together with the vessels, are submitted to compression, the blood is driven into the veins, and is forced backward in their tubes, wit a power proportionate to the compression exercised, or, in other words, to the force of the expiration; we have, therefore, an expulsion of blood from the chest during expiration, and an attraction during inspiration.

These effects are not confined to the vessels immediately in the neighbourhood of the heart; but are, in great measure, felt through the whole system, and we are thus enabled to increase or diminish the jet of blood, by desiring our patient to make a violent effort of expiration or inspiration.

A similar phenomenon may be witnessed in the jugular vein. If you examine attentively the jugular vein in a thin person, or expose the same vessel in an animal, you will perceive the flux and reflux of blood of which I now speak; when the chest dilates on the introduction of air, the vessel becomes empty, and its parietes are almost placed in contact with each other; it is again distended and filled when the chest contracts on expiration, and this effect is much more remarkable if the animal struggles, or makes any violent efforts.

But these phenomena are not confined to the venous system; if you open the artery of an animal, you will soon be convinced that the motion of the arterial blood is sensibly augmented by expiration, or violent muscular efforts; indeed you can produce an increased jet at will, by compressing the thorax between the hands. This latter circumstance, of which there can be no doubt, first induced me to think that respiration may influence the jet of blood from the veins, not by a direct action on that system, as HALLER, LAMURE, and LARRY, have imagined, but by increasing the velocity of the stream in the arteries, and subsequently in the veins; and this opinion was confirmed by experiment. I tied both jugular veins in the dog, so as completely to stop any reflux of blood from the heart, and punctured it; the jet not only was increased by forced expiration, but was modified by ordinary respiration. Here the influence was transmitted manifestly through the medium of the arteries to the veins, and the experiment served in addition to show the ready passage of fluid from one system to the other, for the effect of a single expiration on the rapidity of the arterial current was felt and exhibited in the venous one.

The modifying influence of the respiration on the motion of the blood, may be also seen in many other circumstances. A person affected with varix of the saphenal vein makes an effort to lift a heavy weight, the vein gives way, hemorrhage takes place, and the individual loses a great quantity of blood; you are now prepared to understand the reason of this; the blood is accumulated in the organs and extremities in consequence of violent expiration, which forces the arterial blood in greater quantity, while it opposes the passage of the venous blood to the heart; hence the vessel, already perhaps diseased, is submitted to a pressure greater than it can bear, and gives way. On the same principle the surgeon recommends a patient affected with a vascular tumour to avoid every species of excitation, to remain perfectly quiet, and, above all, to abstain from any great muscular effort, for the inspiratory movements may increase the determination of blood to such a degree as to rupture the tumour and produce dangerous if not fatal consequences.

These and many other phenomena of a physiological nature, such as the motion of the brain, the flux and reflux of the cranio-spinal fluid, &c., are thus connected with and depend on a simple fact of the circulation, viz. the mechanical passage of the blood from the arteries to the veins.

UNIVERSITY OF LONDON.

CLINICAL LECTURES

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University.

LECTURE II.

GENTLEMEN,—Several interesting cases have been admitted in the course of the week,—namely, a case of very severe *acute rheumatism*, in the man named John Foy, affording a good illustration of that form of the disease which has been denominated serous: but as the patient is still under treatment, I mention it, at present, merely to direct your attention to its characteristic symptoms, which are more satisfactorily pointed out at the bed-side than in the lecture-room: a case of *hæmoptysis*; one of *scrofula*, with disease of the hip-joint and abscesses; another of *ecthyma*; a most interesting case of general *anasarca*; and one of an anomalous character, attended with irregular febrile symptoms, severe headach, cough and dyspnœa. Four new cases have also been added to those in the female ward; one of violent congestive *cephalalgia*, one of *remittent fever*, a third of *peritonitis*, and the fourth an instance of anomalous *intermittent*, to which I am anxious particularly

to direct your attention, because it is of five months duration, and has been nearly the whole of that time under medical treatment, without the nature of the disease having been discovered.

To bring all, or even one-half, of these cases before you, in my present lecture, would afford you little satisfactory information. It is my wish to make the leading symptoms of each case obvious, by my remarks at the bed-side, as well as to point out the reasons for the plan of treatment adopted, so as to excite in you as much interest in all the cases as a hasty outline of them can accomplish. But the practice of medicine is not to be acquired by mere broad delineations of disease; it is by making particular cases distinct studies—by tracing clearly the signs upon which diagnosis is formed—by bringing into view the peculiarities which distinguish the individual case from others of the same species—and by pointing out the indications which are intended to be fulfilled by the treatment. With these principles before me, it is my intention to select two or three cases only for each lecture, and to enter as much into detail respecting them as our time will permit.

ASCITES.—*Tapping; Mercury and Elaterium.*

The first case which I have now to notice is that of Richard Kendrick, a bricklayer, aged thirty-five, who was admitted on November the 12th, and who had been tapped only three days before he came into the hospital. There was no difficulty in the diagnosis; the abdomen presented a uniform, distended, tense state, with the superficial veins considerably enlarged, and the umbilicus protruded. On applying one hand to the side of the abdomen, and striking the opposite side with the fingers, a distinct fluctuation was perceived. The man breathed and spoke with difficulty, evidently owing to the resistance opposed to the descent of the diaphragm by the abdominal parietes being stretched nearly to their utmost, in an individual of very tense fibre. The legs were œdematous, and the face was slightly swelled. Independent of these symptoms, the health did not appear to be materially affected; the pulse was firm, regular, and not very hard, and did not exceed eighty in a minute; the tongue was clean; the appetite good; and he had one or two motions daily, which, although rather paler than natural, could scarcely be termed clay-coloured. I could not ascertain from the account which he gave of himself that he was a drunkard; but he admitted that he had been occasionally irregular in his habits; and, judging from the state of the skin, which was thick, dry, and sallow, I felt inclined to regard the effusion as the result of previous disease in the hepatic organ. The *prognosis* on this account was uncertain; for if my view of the case was correct, it depended very much on the condition of the organ in fault, and regarding which no opinion could be formed until the water was drawn off by the operation of paracentesis. It is not essential that inflammation should have existed in the liver; many affections of that organ depend on a state of congestion not amounting to actual inflammation. The peculiarities of its vascular system, and the slow passage of the blood through it, predispose it to congestion; but this state of the hepatic organ is as often, if not more frequently, a cause of ascites than its active inflammation; an inordinate quantity of blood being thrown upon the peritoneal vessels, in consequence of the impediments to its passage through the branches of the venæ portæ. Indeed it may be regarded as an axiom that a state of congestive irritation, both of the sanguineous and the serous vessels, when long continued, is more favourable to dropsical effusions than active inflammation; and it is by no means uncommon for effusion into the peritoneal sac, constituting ascites, to occur as a consequence of irritative congestion of the serous vessels. I must remark here that the state of the alvine discharges is not much to be relied on as indicative of a really diseased liver in such cases; for we find that the biliary secretion is always more or less disturbed, and frequently is defective in cases of dropsical effusion. The operation was, therefore, ordered, and my object in directing it to be repeated, although the patient had so rapidly filled after the former tapping, was not merely to ascertain the state of the liver, but to take off that tension which I have always observed to be the greatest obstacle to the salutary operation either of mercurials or diuretics in the management of this disease. I had no idea of affording any permanent relief by the operation, but I was of opinion that little benefit was to be derived from any medicines, whilst so much tension of the abdomen remained as existed in the present instance. Mr. COOPER accordingly performed the operation, and *forty-four pints* of a clear, greenish-coloured serum were drawn off, containing a considerable quantity of albumen, as it coagulated firmly when heated in a spoon over a candle. On examining the region of the liver, after the operation, my suspicions of the diseased condition of that organ were confirmed; but

as neither the degree of induration which it displayed, nor the tenderness excited on pressure, indicated a very unmanageable state of disease, I resolved to relieve as much as possible the inconvenience and distress which would follow the sudden re-accumulation of the fluid; and at the same time to bring the system, as rapidly as possible, under the mercurial influence. I therefore prescribed

℞ *Calomelanos* gr. i.; *Elaterii* gr. ½; *Micæ panis* q. s. ft. pilula 8va. quaque hora sumenda.

The influence of elaterium is exerted chiefly as a topical irritant acting upon the exhalents of the intestinal canal, and by the determination of blood, thus diverted to the mucous membrane, the congested capillaries of the serous membrane are relieved. As their action is thus restored, the disposition of more fluid is greatly diminished, if it do not altogether cease, so that the absorbents are enabled to take up what has been previously effused; and to maintain the proper balance between *exhalation* and *absorption* in the serous cavity. But notwithstanding the counter-irritant influence of elaterium, I am of opinion that it would be incapable of completely relieving the congested capillaries, without the aid of some more direct stimulant, which would enter the circulation, and, by its immediate action on these torpid vessels, give a fresh impulse to them, as well as to the general glandular system. Mercurials are admirably adapted to answer this indication; and, consequently, the calomel was ordered in combination with the elaterium. There was nothing to fear from debility in this case; and, therefore, I was determined to push the remedies freely, although cautiously, and closely to watch their effects.

In making this statement, however, and in detailing the increase of active depletion which was the result of my confidence in the strength of the patient, it is my duty to caution you not to be misled by taking as a general rule my decision in this instance, and to be on your guard lest the obscurity of the symptoms deceive you respecting the true condition of the patient. Even when the antiphlogistic plan is indicated, it will frequently require to be modified; as it may prove hurtful if carried beyond a certain point, and many congestive affections are often aggravated by whatever tends to lower the general sustaining powers of the system. It might also be said, that I knew too little of the history of the patient to be certain that the disease was not to be attributed to intemperance in the use of spirituous liquors. It is well known that many half drunkards acquire a state of plethora, simulating strength, but combined with nervous debility; and that such persons sink rapidly under depletory measures. But I was satisfied that this was not the state of Kendrick, and, therefore, I proceeded with confidence.

The operation was not followed by any inflammatory symptoms; and although some tension returned on the third day after the tapping, yet it was not equal to that which had taken place at the same period of time after the former tapping. The œdema of the face and legs had disappeared; and the pulse was more free without any indication of sinking. The elaterium operated as a cathartic, five and six times in the twenty-four hours, bringing away large quantities of fluid stools. On the fourth day the dose of the elaterium was increased to a quarter of a grain, and the abdomen was ordered to be rubbed with a liniment composed of *Mercurial Ointment* ℥j, *Olive Oil* f. ℥ij, twice a day, for half an hour at a time. I wish I were able to explain to you the manner in which frictions, either with or without mercurials, operate in relieving ascites; but when I remain in obscurity myself, it would be vain to attempt to enlighten you upon the subject. Experience, however, has established their value. Under this plan of treatment Kendrick is rapidly improving; his clothes, which formerly could not meet by inches, are now too large, and the gums are beginning to display the mercurial influence. (*The patient was shown to the pupils.*) There is still, however, fluid in considerable quantity in the serous cavity; but enough of benefit has been already obtained to demonstrate the propriety of the practice, as far as concerns the mere evacuation of the water. How far a radical cure can be anticipated will depend altogether on the condition of the organs primarily affected; for if we fail in restoring their healthy functions the disease will proceed; and, like most cases of what has been termed "*consequential* ascites," will terminate unfavourably.

Ague.—*Absence of the Sweating Stage; Incomplete Apyrexia; Anomalous Symptoms.*

The next case which I have to mention is that of the woman named Elizabeth Isaacs, thirty-eight years of age, a servant, who was admitted on the 22nd instant. She had, as I have already mentioned, been ill, and under medical treatment, for nearly five months before she came into the hospital. It is one of those cases which display a defect of observation, and

of the faculty of tracing symptoms to their sources, in the practitioner; and it affords an instructive illustration of the failure of prescribing for solitary symptoms, without endeavouring to discover the connexion of these with others, by the removal of which, those we are treating in vain, would spontaneously disappear. The following is the account which the poor woman gave of her complaint:—

About five months ago she was taken very ill with pain of the left side, which was considered to be inflammation of the heart; and she was bled very freely and frequently, without experiencing much relief. By degrees, however, the pain subsided, and was succeeded by a cough, which came on only at particular periods of the day, generally towards the afternoon, and, when it ceased, left an uneasy sensation of tightness across the chest. Her legs, also, became painful and swollen towards evening. She is of a sanguine temperament, with a circumscribed high colour of the cheek; but the skin is generally sallow, and the eye suffused. The countenance is expressive of anxiety and discomfort.

On investigating her state at the time of admission, it appeared that every day, at about four o'clock in the afternoon, she becomes languid, chilly, and drowsy; that the skin (particularly at the tips of the fingers), the toes, and the lips, becomes pale, and that this extends gradually over the body, increasing at the fingers, which feel quite benumbed, until the nails look blue. This is accompanied by a sensation of cold, but there is no actual rigor, and the chilliness and numbness rarely continue longer than twelve or fifteen minutes. They are succeeded by heat and great languor, which increase during upwards of an hour, and then gradually subside during the following hour and a half; but no sweating, nor any augmentation even of the natural moisture of the skin, follows. The pulse at this time, when no heat of skin is present, is 80, and small; the tongue is slightly furred, but clean at the edges; the bowels are regular, the kidneys act freely, and the urine is high coloured. She has no appetite for food; she sleeps pretty well in the early part of the night, but afterwards lies awake, disturbed by her cough, which is at this time particularly irritating. She was ordered a grain of calomel, and eight grains of Dover's powder, to be taken as a powder daily at bed-time, and two grains of sulphate of quinia in a fluid ounce and a half of the infusion of yellow cinchona bark, with ten minims of diluted sulphuric acid, every two hours between the termination of the hot stage and the commencement of the chilliness. Her diet was the middle diet of the establishment. The case-book states, that on the 23rd she slept better after taking the powder, but still that she complained much of the tightness across the chest, although the cough was looser. The tongue was cleaner at the edges than on the prior day. *Con.*

24th. The cough was much easier to-day; the tightness of the chest had moved lower; she had escaped the chilliness, and had experienced less of the febrile heat. The bowels were regular. She complained of much debility. *Pergat in usu medicamentorum.* Let her diet be improved by allowing her a small quantity of animal food at dinner.

This case, Gentlemen, is an example of those agues in which the sweating stage is absent. The hot stage, that of reaction, continues for two hours and a half, or three hours, leaving the patient languid, but it gradually subsides without the production of any moisture on the skin. It is also an example of those cases in which there is no complete apyrexia; for, during the interval between the termination of the hot stage and the cold stage, the patient is troubled with great debility, cough, and a sensation of oppression at the chest, with a peculiar restlessness and uneasiness, and a nervous susceptibility of habit, which is very distressing.

I believe that it is now generally admitted that although ague may exist without the presence of the hot and the sweating stages, yet that the cold stage is essential to every case of intermittent. This, however, has been denied by some writers of authority, particularly by Dr. Cleghorn, in his work on the diseases of Minorca; I am, nevertheless, inclined to think that in the cases referred to by that distinguished physician, the absence of shivering only is intended to be implied. I have never seen a case in which some degree of chilliness did not either precede or follow the hot stage. In whatever manner it may occur, the cold stage does not necessarily imply shivering; and in the instance before us the paroxysm commences with a mere feeling of chilliness, which gradually extends over the body until the extremities become numbed, and the fingers and nails are blue. The commencement of the stage of reaction is more direct than is usual in ague, and is not accompanied by nausea or vomiting, but by the irritative cough which has already been described; there is no confusion of thought. Under such an anomalous state of symptoms the diagnosis is always difficult, and thence intermittents are often mistaken for pleurisy, hepatitis, and other diseases. In this instance the cough, the pain, and

the tightness across the chest, had evidently misled the practitioner, who treated the case previous to its introduction into the hospital. In consulting writers on intermittents, however, you will find that pains of the chest, palpitation, great anxiety about the precordia, with dry violent coughing, are by no means uncommon accompaniments of ague. Indeed, so numerous and varied are the anomalous symptoms that accompany agues, that I have long since ceased to regard them; and I treat all intermitting affections as *ague*, under whatever name I might be induced to describe the disease, in consequence of its accompanying symptoms.

Although the prognosis in intermittents is rarely unfavourable, and in Isaac's case is certainly the reverse, yet, from the want of a decided state of apyrexia, and the very sallow colour of the skin, with the uneasy, painful, and restless state of the patient during the interval, as well as the daily return of the paroxysm, there is reason for suspecting some lurking mischief, some hepatic or visceral obstruction that may increase, and ultimately wear out the strength of the patient, if it do not disappear with the removal of the ague.

This case is instructive to the student in several other points. It is illustrative of the fact, that in the quotidian the cold stage is more frequently wanting in all or some of its characteristics, and is always shorter than in the tertian or the quartan; but it is at variance with the equally believed opinion that the heat is more moist in quotidians than in other intermittents. It is also somewhat at variance with the fact, that in quotidians, when the apyrexia is not complete, the paroxysms gradually lengthen, and the disease assumes the continued form of fever. This ague, recurring daily, has lasted nearly four months without any tendency to continued fever.

In the history of this case I have not been able to discover any circumstance to elucidate the exciting cause of the attack. This is a subject upon which I hold a peculiar opinion, which I think founded upon correct observation; but I must take some other opportunity of bringing it before you, as it involves discussions which our time altogether precludes at present.

With respect to the treatment of the case, my object is to allay irritation, to augment tone, and to equalize, as far as possible, the general circulation. Three indications, therefore, require to be fulfilled, namely, 1st. To remove every cause of irritation; 2nd. To support the strength; and, 3rd. To improve the capillary circulation. In ordinary cases of ague, the most common cause of irritation is an inordinate quantity of bile in the duodenum, occasionally regurgitating into the stomach; thence both emetics and cathartics are indicated; but as this does not exist in the case before us, I have ordered neither, although, had rigor accompanied the cold stage, an emetic might have proved useful in checking, by the shock which it gives to the system, the catenation of morbidly associated actions which constitute the paroxysm; and in this point of view it may still be necessary. I put great dependence on the influence of calomel and opium in intermittents; both enter the circulation and exert their influence on the cutaneous vessels, and thus, by exciting them, diffuse more equally the blood, preserving and maintaining the due balance of the circulation. The calomel alone would not effect this, because its influence is slow and progressive only; but in combination with the opium, the primary effect of which is stimulant; it is carried forward, and at once exerts a decided influence on the capillary system. The addition of the ipecacuanha was ordered on less certain data, but with the view of more effectually exciting the action of the skin, and thus causing the paroxysm to assume a more regular character, and, probably, in consequence, a more decided apyrexia. I have seen many instances in which bark and sulphate of quinia have failed, after having been taken for weeks; and yet have, in a few days, knocked down the paroxysm, after the daily administration of calomel and opium at bed-time. The united influence of calomel, opium, and sulphate of quinia, is derived from that combination of excitants and tonics which we must always depend on in intermittents. The difference between bark or sulphate of quinia, and arsenic, seems greatly to depend on this circumstance; that in the latter a tonic and an excitant property are combined; in the former we have simply its tonic influence to depend on. You may then ask, why arsenic is not always preferred. The reply is obvious. In consequence of the property which arsenic possesses of accumulating in the system, it often causes unexpected symptoms, which, if not hazardous, are always more or less deleterious. Upon the whole, I am of opinion, that the present case will fully authorize the view of the disease which I have taken, and will be treated effectually by the means employed.

ECTHYMA CACHECTICUM. —*Skin Diseases.*

The last case which I shall at present bring before you is that of John Sharman,

ætat. 18, a clog-maker, who was admitted on the 20th instant. This is a well-marked example of "ecthyma cachecticum," according to the language of WILLAN and BATEMAN. The eruption is confined to the lower extremities, and consists, as you observe (*the patient was brought into the theatre*), of what are termed phlyzaceous pustules, distinct from one another, and each seated on a hard, red base. Where the pustules have run their course, and are broken, the crusts consist of thick, greenish, dark-coloured scabs, and where these have fallen off, a dark stain marks the place of the pustules. The legs tingle and itch so violently at night, when warm in bed, that the patient scratches until large pieces of the cuticle, some nearly an inch in length, are removed. There is no fever; but the thick muddy colour of the skin indicates a cachectic habit.

I have not been able to trace the disease in this young man to any of its known exciting causes, namely, drinking, great fatigue from over work, or anxiety of mind. Although the legs are swelled, yet he complains of no rheumatic pains in them; nor has he any other uneasiness than the tingling and itching which I have already mentioned.

Now, Gentlemen, the difficulty of forming a diagnosis in skin diseases is more apparent than real; but it cannot be taught by the best descriptions, nor even by plates; it is on this account, therefore, that I seize this opportunity, and mean to allow none that may present themselves to escape, of pointing out to you, on the patient, the characteristics which distinguish one skin disease from another. In the first place, you will here perceive that this is a pustular disease, and that the pustules terminate in thick hard scabs. This is sufficient to distinguish it from "pompholyx *diutinus*," a vesicular disease, in which the bullæ break and heal without crusting; but there are two pustular diseases with which it might be confounded, "syphilitic ecthyma, and "purulent scabies." With respect to the first, the diagnosis must be collected chiefly from the history of the particular case; but, as far as my own experience extends, I have never seen real ecthymatous pustules, the result of the syphilitic virus. With regard to purulent scabies, one circumstance attending that disease is almost sufficient to mark the diagnosis. The pustules appear in crops, whereas, in ecthyma, the pustules appear, and run their course, independent of one another; but they are, also, distinguished by their hard elevated base, their slow progress to suppuration, their distinct and separate distribution, and their non-contagious nature.

In the treatment of such cases, our object is to allay irritation, to improve the capillary action, and to support tone. To fulfil these indications, this patient has been bled to the amount of eight ounces, and is taking, night and morning, a pill consisting of one-sixth of a grain of bin-iodide of mercury, and, also, three times a day, f.ʒj of the solution of hydriodate of iron, which is equal to grs.iij of the ioduret; he also uses the warm-bath every day. He is allowed full diet. I have little doubt that, in due time, the propriety of this plan of managing the disease will be very strikingly displayed.

CLINICAL LECTURE

DELIVERED AT ST. GEORGE'S HOSPITAL,

December 2nd, 1834.

BY

SIR B. C. BRODIE.

INFLAMMATION OF THE PAROTID GLAND, AND SALIVARY FISTULÆ.

GENTLEMEN,—When I commenced my clinical lectures this season, I did not mean to confine myself solely to cases which occur in the hospital, but to treat of subjects of surgery derived from other sources, affording useful topics for remark. Some gentlemen, I am told, are anxious that I should lecture on those affections and diseases of the alimentary canal, which come more peculiarly within the province of the surgeon; but in such diseases we have not much to do. They come generally under the care of the physician. There are, however, some in which our assistance is sought, such as diseases of the mouth, the throat, the œsophagus, and the rectum; and I shall commence with diseases of the mouth and pharynx, first speaking of the diseases of the salivary glands.

The salivary glands may be inflamed, and the inflammation may run its course in two or three weeks, occasionally terminating in resolution, sometimes in suppuration, or sometimes even in sloughing, separating the glands from the living parts. Inflammation may occur in any salivary gland, but the parotid gland is the most liable, more so, indeed, than the others, the diagnosis in those others being more difficult.

Inflammation of the parotid and maxillary glands may occur under various circumstances, the disease being sometimes endemic or epidemic, and prevailing most in certain localities, and under certain

states of atmospheric temperature. If I remember rightly, Dr. CULLEN pronounces the disease under these circumstances to be contagious; but I doubt the fact, believing that certain states of the atmosphere make various individuals liable to the affection. When endemic this disease has usually been called "the mumps." In every country there is a particular and distinct name for it.

This disease does not present us with a severe form of inflammation. It occurs in either sex, and generally extends to the small glands in the neighbourhood. There is pain under the lower jaw, extending along the ramus, and aggravated by motion. Slight febrile excitement, which generally reaches its height about the fourth day, accompanies the disease. The inflammation rarely proceeds to suppuration. I never saw a case in which it went so far, but I can conceive that such a result will occasionally happen, as authors relate cases of it. This remarkable circumstance attends the disease, — that after the inflammation has subsided, some parts of the organs of generation will be attacked by it. In males, hardness and tenderness of the testicles are frequently a consequence of this metastasis.

The inflammation generally affects both sides of the face. In females, it often affects the breasts, which become swollen, tender, and painful, to a less extent, however, than the testes in males. I have heard of a case in which the testicles degenerated and wasted, and the man thus acquired the characteristics of an eunuch. The affection of the parotid gland does not occur in persons of all ages; it will attack young persons, from puberty up to the ages of nineteen or twenty. It will attack every person in one house under one age.* I believe that the generation and spread of this affection most commonly depend on a particular state of the atmosphere, or the peculiar locality in which the patient resides.

Inflammation of the parotid gland not unfrequently occurs as an affection especially belonging to particular individuals, being then more superficially seated, and the irritation of the part being kept up by the motion of the inferior maxilla. It may thus occur independent of any more specific cause. It is generally more severe when occurring in this manner than when the disease is endemic. The swelling, tenderness, and fever, in such instances, are greater, the disease possibly going on to suppuration, though it more frequently terminates in simple resolution, as in that very common affection, vulgarly termed "the mumps." When suppuration occurs in the parotid gland, the skin is red and inflamed, and bursts, or is opened with a lancet; the accompanying fever then subsides, perhaps, and the abscess heals but not always. The abscess is here situated in a gland connected with the secretion of saliva, which may prevent the abscess from healing, in the same manner as the flow of urine will sometimes prevent the healing of a fistula. The edges of the abscess may become hard and callous, and may eventually lead to the formation of a salivary fistula, which communicates directly with the secreting portion of the gland.

Inflammation of this gland may also occur at the termination of other diseases, where, for instance, there has been much low constitutional fever, and on other similar occasions. In such cases the gland suppurates, and the abscess may burst, death ensuing. If, however, it do burst, in a case which proves fatal, on opening the body after death matter is found deposited in small portions throughout the internal interstitial substance of the gland itself, and specks of matter appear here and there, poured out, on pressure, from various parts. Whether this matter is formed in the acini, or membranous bags of the gland, or between them, I do not know, for it is a fact very difficult to discover. In a lady in whom the secretion from the mammæ was checked after labour, severe inflammation of the parotid gland ensued, terminating in abscess, and sloughing of a large portion of the gland. She eventually recovered, when rapid effusion in the chest followed, and she died.

The treatment of inflammation of the parotid gland must consist in the application of leeches to the part, if the affection be severe, and the exhibition of active purgatives, salines, and antimonials. I am not aware that mercury has the same influence over this, as it has over inflammation of some other organs, nor should I be willing to try it, as it might increase the salivary discharge from the part, and thus tend to aggravate the inflammation. If suppuration ensues, poultices should be applied, and when sufficiently forward the abscess should be opened. If the inflammation occur at the termination of some other disease, I have seldom found leeches of any use. It is then a very bad symptom, and generally indicates approaching dissolution.

I shall now speak of salivary fistula, which generally occurs as a consequence

* An instance occurred within our cognizance. A boy at school, aged 12, from being exposed to a severe east wind, contracted inflammation of the parotid gland, and on the following day upwards of twenty school-fellows, under his age, having been similarly exposed, contracted the affection.—REP. L.

of inflammation of the parotid gland. It may, however, result from a wound, such as a cut through the cheek. (*An illustrative preparation was shown.*) I will suppose a case where salivary fistula follows the formation of an abscess in the parotid gland. Such a fistula is, of course, very troublesome to the patient. Sometimes the abscess communicates so freely with the principal duct, that there is a profuse discharge of saliva. Sometimes a spontaneous cure will occur in these cases, the external orifice of the fistula becoming narrower, eventually entirely closing up, the flow of saliva being, in consequence, diminished, and perhaps disappearing altogether. If, however, a spontaneous cure like this does not take place, you will generally obtain one by touching the external orifice every day with the nitrate of silver, applying over it a compress and bandage. The former of these is, of course, the principal agent. The daily application of the nitrate of silver is necessary to induce the orifice to contract. I have cured a great number of cases by this method. If it fail, some other plan must be tried.

If the saliva still flows out, you may make an artificial opening into the cavity of the mouth, which will, however, sometimes heal before the external opening. To prevent this, you may endeavour to keep it pervious, by the introduction of a piece of silk thread, as a seton. The seton may be employed in various ways in such cases, simply passing one through the external orifice to the nearest inner part of the cheek, or you may use an eye-probe, armed with a small silk thread looped on to a larger silk thread. The small silk thread may protrude at the external orifice, and the larger silk thread at the internal orifice, and thus the one will, from being small, allow the external orifice to heal, whilst the other, from being large, will keep the internal orifice pervious.* But whether these methods succeed or not, the use of the nitrate of silver must still be persevered in. I never could cure a case without it. Let this plan be steadily pursued for three or four weeks, and the saliva will cease to flow out at the external orifice of the cheek, which will heal, while the internal one will remain pervious, causing the patient no inconvenience. I have generally introduced a probe into the duct of the parotid gland, for the same purpose that a sound is introduced into a perineal fistula.

A salivary fistula may occur from a division of the parotid gland, and where it is simple, it will soon heal, by bringing the edges of the wound together. If, after a time, however, you do not succeed in accomplishing this, pass down a probe, and apply the nitrate of silver as before. If a considerable portion of the duct have been taken away, and there is much loss of flesh, make a free opening into the cavity of the mouth, and heal it up, in the usual way, with the nitrate of silver.

* The description of this method occupied a quarter of an hour. It is here simply stripped of its superfluities.—REP. L.

CLINICAL OBSERVATION

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

THE TREATMENT OF SPRAINS.

ALTHOUGH surgery can boast of having made rapid advancement during late years, it is not in the manipulations or the mechanism of operations, but in a more successful mode of treating those diseases which were formerly deemed irremediable without the use of the knife. Hence has arisen the extraordinary diminution in the frequency of surgical operations, and if we glance over a catalogue of those ailments for which operations are now ever demanded, it must be observed that few of them are beyond the reach of medical treatment. Another proof of this diminution is also afforded by comparing the frequency of operations among the more wealthy and the poorer classes of the community,—those who have the means of seeking relief in the early stages of disease being seldom exposed to any of the severe maladies which require amputations, and what are called the "great" operations of surgery. Neither do the affluent often meet with those serious injuries which require such operations as those to which the poor man is exposed in the pursuit of his necessary and sometimes dangerous avocations.

I am led to make these remarks on the present occasion from a consideration of the results of those injuries of joints which are usually called "sprains." Though they may be easily relieved when properly treated immediately after the accident, yet the want of such due care often lays the foundation of many of the more serious diseases of joints; and hence it will be found that most of those who suffer under a dangerous disease of a joint, date its origin from some injury which was at first considered to be of little importance, and on

the cure of which sufficient attention had not been bestowed.

However simple the treatment of "sprains" may generally be considered, yet I have met with so many instances in which an unsuccessful system of management had been employed,—and so little has been said of the treatment of this injury in the more voluminous systematic works, and moreover, as patients with such slight injuries are seldom seen by the student at public hospitals,—that I have deemed it expedient to bring together my observations on this subject; and I will endeavour to make known such rules for the treatment of the injury as I have found most useful.

As a general observation, I may state, that when any organ or structure in the body is injured, the surgeon has two great objects to accomplish. The first consists in the restoration of the injured parts, if displaced, to their natural position, which is accomplished by sutures or bandages, as in the case of a large division of the soft parts, and the second, in preventing consecutive inflammation—an effect which will always, in a greater or less degree, supervene. Now, in checking the accession of inflammation, or in subduing that which already exists, consists the whole treatment of a sprain.

Case 1.—A gentleman, while descending some stairs, made a slip with his foot, and felt the ancle-joint twist, with such acute pain, that he was near fainting, and with difficulty mounted his horse to return home. Immediately on his arrival he fomented the parts, and kept the foot in hot water for some time, subsequently applying a common poultice. The fomentation gave instant relief, and by continuing to use the poultices, and confining himself to the horizontal position, he was able to walk on the third day without inconvenience. He applied a poultice every night as long as any tenderness continued, and in a few days he required no further treatment.

Case 2.—A woman lost her balance while walking on a slippery pavement, and in reaching forward to save herself fell with such force on the left hand, that she violently sprained the wrist. Fomentations and a poultice afforded her but temporary relief, I therefore recommended her to apply leeches to the part, which she did a few hours after the accident. Six leeches were applied, at first every twelve, and then every twenty-four hours, as long as they afforded decided relief; and whenever the ease derived from one set of them ceased, a fresh set were used. Fomentations and poultices were also employed, but these, after a few days, no longer afforded ease. A lotion, composed of equal parts of the acetate of ammonia and camphor mixture, was then applied, with a fold of linen, and kept on during two hours three times a day, a linseed poultice being used during the night. These remedies were continued until all pain and uneasiness abated, and a piece of soap-plaster, with a bandage, was afterwards employed until the joint recovered.

Case 3.—A woman sprained her foot so severely that she was confined to bed for several weeks, during which period cold saturnine lotions had been constantly applied. Finding that there was considerable tenderness on pressing the parietes of the joint at several parts, accompanied by some swelling and inability to walk without pain, I recommended the application of four leeches and a poultice. On the second day the pain and swelling were much diminished, when other four leeches were applied. After being employed three times, a day intervening between each application, all tenderness and swelling had subsided; and by continuing a poultice every night for some time, and a bandage during the day, the joint not being used so as to cause pain or uneasiness during the whole period, recovered in ten days.

I may remark, that in almost all sprains the system of treatment employed in the preceding cases will be found the most speedy and efficacious, the only object being to check approaching inflammation, or subdue that which exists.

When the injury is slight (as in Case 1), fomentations and poultices will alone be generally quite sufficient to check the accession of inflammatory symptoms, provided these are promptly adopted. When the injury is more severe (as in Case 2), or when inflammation has continued some time (as in Case 3), then, in addition to fomentation and poultices, local bleeding is required. For this purpose, either leeches should be applied, or an adjacent vein may be opened with a lancet. The number of leeches ought to be proportioned to the violence of the inflammation. In general, I prefer the frequent successive application of a small number, to the employment of a large quantity at one time. Whenever the bleeding from one set ceases and pain and tension recur, then a second set of leeches should be used without delay, and so on, the intervals increasing, and the numbers diminishing, in proportion as the pain or tenderness abates. Opening a vein in the vicinity of the injury is also an excellent practice, and is particularly useful when leeches cannot be readily procured.

In some cases, when the injury or sprain of a joint is so severe as to excite fever, local bleedings, even to a large extent, are not sufficient to arrest the febrile symptoms. The best results will, in such cases, be found, from having recourse to general, in place of local, bloodletting; and this ought always to be carried to such an extent as will have the effect of completely subduing that quality of the pulse which is characteristic of inflammation.

A state of things sometimes follows this system of treating sprains which ought here to be pointed out. If the individual who receives a sprain is at the time suffering from any derangement of health, and more particularly if he be of a rheumatic or gouty constitution, it will frequently happen that although the inflammatory state of the injured joint is speedily subdued by a depletive treatment, yet the affected part will still appear more or less tender, which state no local treatment seems to mitigate. I need not dwell on the importance of discriminating such cases, and of also mentioning the circumstance, that even in slight injuries of joints, when these happen to persons predisposed to gout, an arthritic inflammation in the injured part is brought on. In cases of this description, the joint must be treated as if there had not been any previous injury, by antimonials, colchicum, quinine, and such therapeutic means as are usually employed in gouty affections.

Case 4.—A lady sprained one of her wrists very severely. The inflammatory symptoms were checked by the frequent application of leeches, fomentations, and poultices. Pain, and swelling of the soft parts around the joint, however, continued, which these means did not mitigate, and I saw her about two months after the accident, when she had used a variety of local applications without relief. The wrist and hand were now œdematous, and part of the skin had an erysipelatous redness. A deranged state of the digestive apparatus, as well as the apparances of the hand, and the general character of her constitution, impressed me with the belief that she was of a gouty constitution, and I treated her accordingly, by giving a small dose of colchicum in a saline draught, for a few nights, and refraining from all local applications. The good effects of this treatment were soon apparent, and, by continuing it, the inflammatory state of the joint daily diminished, and in a few weeks was quite subdued.

Case 5.—A man sprained his ankle-joint severely, and had for three weeks employed cold applications and rest. The joint was very tender on pressure, and considerably swelled, in which state I advised the application of four leeches and a poultice, from which he experienced decided benefit. The leeches were re-applied on the second day, and on the day after, the appearance of a good deal of œdema and erysipelas, discoloration of the tongue, and other symptoms of chylopoietic derangement, indicated to me why the leech-bites were followed by so much irritation. I therefore recommended free evacuation of the bowels for some days, and a moderate diet, and (in place of local bleeding) fomentations and poultices with the employment of a lotion composed of the water of acetate of ammonia diluted. By these means the erysipelatous inflammation of the skin daily decreased, and when it had subsided, the tenderness in the sprained part ceased, and the application of a bandage was the only further treatment required.

In order to establish the good effects of the mode of treating sprains which I have pointed out, I have still to contrast the tedious and injurious effects so often to be noticed from employing an opposite system of management with a system which, though certainly not general, is yet too frequently resorted to. I allude to the practice of using COLD applications immediately after such injuries. The effect of cold saturnine lotions in a sprained joint may, no doubt, in many cases, produce a certain degree of relief, which, along with the rest necessarily enjoined at the same time, will tend to subdue the inflammation. But I will venture to affirm that in all cases where the injury is considerable, the relief from pain is not only more immediate and more permanent, but the cure is much more speedy and complete by resorting to the treatment I have recommended. There are also cases of sprains, where even after leeches have been employed, along with cold lotions, a state of the injured part remains which such treatment is inadequate to relieve. The state to which I refer is, tenderness on the pressure of some particular part, and a want of power to use the joint freely, effects which sometimes continue many months after the accident.

Case 6.—A gentleman sprained his foot four months before he consulted me. He had first employed cold lotions and leeches, and subsequently used a variety of embrocations, plasters, and bandages, notwithstanding which there was great weakness in the joint, and he could walk but little without afterwards suffering much inconvenience. No change was discernible

in the form of the joint, but at one part, between the heads of the tibia and fibula, it was tender to the touch. This indicated the presence of a degree of chronic inflammation, to relieve which I advised the application of a blister, a remedy by which I had often observed extraordinary relief produced, from the symptoms which so often continue after joints have been sprained or dislocated, and which no system of depletion subdues. In this case, accordingly, a blister was applied, and had the desired effect. It created considerable irritation, which required the patient to keep the joint tranquil for a few days, after which he completely recovered.

BELLADONNA IN NEURALGIA.

To the Editor of THE LANCET.

SIR,—It has been observed "that more real service may be rendered to medicine by the illustration of what is already known, than by any attempt to promulgate new theories, or new modes of practice." I am, therefore, induced to call the attention of your readers to a remedy, which, although recorded as valuable, I do not find by any means commonly employed. I allude to the internal exhibition of belladonna in those painful affections of the head and face, which prevail more particularly about this period of the year. In the year 1818 a very interesting pamphlet on this subject was written by a very respectable practitioner of Harwich (Mr. Bailey), in which the author establishes the use of belladonna by the result of his experience. Some years previous to this, he had noticed the subject in the *Medico-Chirurgical Review*. Mr. Bailey's formula for the tincture is as follows:—

℞ *Belladonnæ foliorum exsiccatorum*, uncias duas;
Spiritus tenuioris, octavium. Macere per dies viginti, et cola.

The dose of the above is from twenty to forty minims. Of the extract he begins with gr. j, and repeats it every four or six hours.

To say that my experience has been extensive, would be incorrect; however, I made some of the tincture a few years ago, from the above formula, and have from time to time used it, and I am happy to say with success. Violent pain in the left side of the face, occurring at about one o'clock in the morning, and lasting during several hours, has existed for nearly three months in a lady who is now under my care, and who has been treated with opium, quinine, carbonate of iron, &c., without obtaining relief. The *Tr. Belladonnæ*, in doses of from twenty to twenty-five minims, has been taken the last few nights on going to bed, and once or twice has been repeated a few hours after, and she is now nearly convalescent.

I believe the tincture, according to the above formula, is kept by Corbyn and Co., and if a fair trial be given to it by any of your readers, I should feel obliged by the result of their experience being communicated to me. Yours, &c.

W. T. ILIFF.

Newington, Dec. 12, 1834.

RHEUMATISM.

EMPLOYMENT OF INDIAN-RUBBER CLOTH.

To the Editor of THE LANCET.

Sir,—You possibly may consider the subject of this letter sufficiently important for introduction into the columns of THE LANCET. It relates to that prevalent, most painful, and perplexing disease, Rheumatism.

It was, unfortunately, my fate to contract chronic rheumatism at the commencement of last September. It affected at first chiefly the muscles in the front of the thigh, ultimately extending upwards to those around the hip-joint and lower lumbar vertebræ and downwards, involving the extensors of the foot and the plantars.

When the disease had continued five weeks, the circumference of the lower portion of the thigh was nearly three inches less than its fellow, while the skin was dry and loose. The usual routine of practice was complied with. Warm-baths at 108° degrees afforded relief during immersion, but exasperated the pain for the next forty-eight hours. Blisters over the most painful portions of the limb rendered the pain bearable, but only while they remained open. At the end of two months I found no abatement of my sufferings. I hobbled with a stick in the streets, and ascended stairs by climbing.

I discovered, at the onset of the malady, that the affected thigh never perspired while in the bath, and though for some time afterwards the whole of the body perspired profusely, no perspiration could be detected on the diseased limb, although its temperature was even greater than that of its fellow. The application of dry heat at a

high degree never produced even a moist state of the skin.

When the cold winds began to prevail, I surrounded the limb with folds of flannel; nevertheless it was so sensitive to the cold, and the pain was thereby so dreadfully increased, as frequently to cause nausea and inability to proceed.

For some days I had been contemplating what substance would best protect the limb from the inclement weather. *Indian-rubber cloth* appeared to be the most likely to effect this object. Accordingly, I enveloped with it the upper third of the leg, knee-joint, and lower part of the thigh; in two hours a very comfortable feeling of warmth ensued, soon followed by the long-desired state of perspiration. When in the air the cold did not affect the limb as heretofore; on the contrary, it felt warmer than the healthy one. During slight exertions in walking, the parts thus protected were the first to perspire, and, when quiet, they alone felt moist.

The pain gradually left the vicinity of the knee, but continued about the upper portion of the thigh, about the hip, and in the loins. I now had an additional piece of the cloth attached to the piece which covered the knee, and thus made it extend to six inches below the knee, envelop the whole of the thigh, the upper part of the hip, and, to a certain extent, cover the muscles about the loins: the whole was lined with flannel.

Four days elapsed, when a palpable improvement in walking was observed. The pains in a week abated, enabling me to obtain hours of rest, where I had before had only minutes. In three weeks I was nearly free from pain. The limb is increasing in volume and strength; occasionally the slightest degree of pain is felt, transient, and confined to the lower part of the leg and foot, which parts are not covered with the cloth.

The same beneficial results have been produced in two other cases, one of which was even worse than mine, and had continued for eighteen months. An eminent physician also has experienced the same relief by using the cloth. In introducing the above to the notice of the profession, I wish to be distinctly understood, that I speak of the utility of Indian-rubber cloth only in cases of chronic rheumatism.

This disease is frequently, at the commencement, accompanied by symptoms of fever which require to be treated in a proper manner. When, however, it degenerates into its chronic type, the cloth will be of service, especially when the symptoms enumerated in my case are present; and in many cases the secretions require attention, previous to its application.

For a few years, I had the medical charge of above five hundred prisoners, among whom many cases of rheumatism occurred. In a few instances surprise was created by finding the patient salivated, although no mercurial preparation had been prescribed;—on inquiry, however, I found that some *Ung. Hydr.* had been secretly obtained, and applied to the affected part; these patients immediately got well. Since then, many cases have been cured by the same remedy, even when the gums were slightly affected I remain, Sir, your most obedient servant,

G. Russell Mart, Surg.

49, Frith-street, Soho-square,
December 17th.

Truss Pads.—In No. 7 (Nov. 8th) of the present volume, is a note signed "W. H. O.," inquiring whether Indian-rubber cloth had been used in forming pads for trusses, to contain water. Experiments of that nature were made months before the date of your correspondent's letter. The result is, that a most beautiful elastic (water) pad is now manufactured. I have in my possession an umbilical truss, with a pad so constructed, which requires the spring to be weakened. When applied, the lady who wears it is quite unconscious of the pressure of a pad. It is filled with water, and there is a valvular opening, by which contrivance the quantity of fluid is regulated.

REMOVAL OF POLYPI

ATTACHED TO THE FUNDUS OF THE UTERUS.

To the Editor of The Lancet.

Sir,—In No. 24 of The Lancet (September 6th, 1834), which I have lately read, are these words under the head, *Hôpital La Pitié, Paris*, "Herbineau was the first who had the boldness to attack a polypus above the os uteri, in a case where the orifice of the neck was only partially dilated by the tumour; but what is to be done where the polypus is perfectly inaccessible,—situated so high that the finger can barely reach its base, while the patient is worn down and exhausted by frequent loss of blood, pain, and general irritation?"

As I have the notes of two cases of a nearly similar character to the one here supposed, and which but for meeting with the above paragraph might have lain dor-

mant, I beg to transmit them to you for publication, I am, Sir, your most obedient servant,

JOHN WALLACE, Surgeon.

Denny, Nov. 18, 1834.

Case 1.—The patient was about 40 years of age, of a stout, masculine frame, unmarried, and had not borne any children. Her health had never been materially interrupted until the end of March last, when, after some fatigue, consequent on walking, she was attacked with a sanguineous discharge from the vagina. It continued pretty profuse for a few days, but was easily got under, when perfect rest was enjoined, and laxatives, with the *Tinct. Mur. Fer.*, were administered. From the same cause, however, in the course of a few weeks, the hemorrhage reappeared, and was again subdued by the same means. Recurring in a short time afterwards, without any evident cause, and resisting the usual remedies, I "touched" the patient. Nothing uncommon being detected in the vagina, the finger was forcibly carried for about an inch into the uterus, and finding it nodulated, I resolved the cause of hemorrhage into irritation; from this peculiar condition, various internal remedies were then tried, with injection into the vagina, which always lessened the discharge for a few days; but it returned with increased violence. Not satisfied with my former examination, and more suspicious on maturer deliberation that some small morbid growth might still be the cause of all the mischief, I "touched" the patient a second time. The os uteri was now more dilated, so that with one hand pressing on the hypogastrium, the finger was easily introduced into the uterus, till it came in contact with the termination of a small body. Forcing the finger still further up, the tumour was found adhering to the very fundus, and conjectured to be about half an inch in length, and three-quarters of an inch in circumference, tapering towards its fixed point.

Several attempts were made to take it away by ligature, &c., but to no purpose, and the exclamation now was, "What is to be done?" The patient was nearly exsanguineous, restless, and anxious; countenance perfectly pallid, and pulse small, quick, and weak.

As soon as practicable, I had a pair of light forceps constructed, eight inches in length, and a quarter of an inch of their point turned into a right angle. With these I endeavoured to twist off the polypus, but was unsuccessful, in consequence of the inability of the slim forceps to retain a sufficient hold. I ultimately got them fixed, with some difficulty, at its very root, and binding a tape firmly round their handles, I allowed them to remain. This was at mid-day, on the 17th of July. At my visit on the 19th, the patient took the forceps from under her pillow, with the polypus in their grasp. It had come away during the night, and was dry and shrivelled. In three weeks the patient was out of bed, and she is now exercising herself with light work.

I leave the foregoing case to the consideration of the reader, without note or comment, and proceed to relate another, somewhat allied to it, which occurred nearly at the same time.

Case 2.—In this case hemorrhage took place three weeks after the delivery of a second birth, by a young and comparatively healthy woman. Assistance was not applied for until the patient and her attendants were convinced that death was fast approaching, when the first salutation I received from the dying woman, on visiting her, was, "Ah! doctor, I am gone." Her pulse was perceptible, but excessively weak and fluttering. On ascertaining the cause, I introduced my finger into the vagina, and detected a round hard substance filling up the os uteri. After proper arrangements, my hand was introduced and carried up forcibly into the uterus.

The body of the polypus, as in the foregoing case, was found attached by a pedicle to the fundus, and I succeeded in bringing it away, by twisting and cutting it with my nails, and the polypus was about three inches in length, one in diameter, pear-shaped, of a fleshy cavernous structure within, and covered externally with a smooth thin membrane.

The extraction was followed by no bad consequences; and although the practice may be thought rude, yet I conceived that it was called for in the present instance, where flooding had been allowed to continue unrestrained for eight days, aggravated by the occasional exhibition of whiskey-toddy, the treatment adopted by her ignorant and thoughtless nurse.

The subjoined engraving presents an outline of the plum-stone mentioned in the second case related by Mr. Heath, in the next page (458), but which was accidentally prevented from occupying its proper situation.

TEMPORARY LODGEMENT OF

FOREIGN SUBSTANCES

IN

RESPIRATORY TUBES.

To the Editor of THE LANCET.

SIR,—I have often been surprised that the medical men of Ireland, who, I may say, are generally readers of THE LANCET, do not more frequently contribute some of their important cases to that valuable periodical. Much interesting material is by this omission lost to our profession; indeed, almost all that occurs in the country parts of the kingdom. Procrastination and diffidence are, I think, the principal causes of this error. The laborious nature of our profession here, gives rise to the first, and a dread of not being able to arrive at the high polish of some of your metropolitan writers, often stifles the attempt. You, I am sure, will not expect the same style from an Irish country practitioner, in many instances removed from intercourse with his professional brethren, and residing in detached districts, as you are in the habit of meeting with in trained metropolitans. Yet we sometimes meet with instructive and singular cases, and some few having fallen to my lot, if you should think them worthy of being rescued from oblivion, I shall, from time to time, take the liberty of furnishing them to you, and now subjoin two as a commencement.

I remain, Sir, with great respect, your very obedient humble servant,

N. W. HEATH, L.R.C.S.I., and
Surgeon Second County Wicklow Infirmary.

Baltinglass, Ireland, Dec. 6, 1834.

CASE 1.—*Removal of a Foreign Substance from the Larynx.*—Patrick Doyle, ætat. 56 years, residing in the Glen of Imail, in the county of Wicklow, in January 1834, while eating pork and speaking at the same time, had a bit of the meat stick in his throat. I did not see him until after the lapse of twenty-four hours. He was then in a state of very great suffering, and nearly exhausted; his breathing was intensely laborious, with stridulous noise, inability to swallow, and countenance expressive of most intolerable anxiety. Before I saw him, a probang had been used, which rather increased his sufferings. On a careful examination, it appeared to me that the bit was in the larynx. I, therefore, proceeded to make an opening into the cricothyroid space; and having introduced the point of a small silver catheter, with a little management succeeded in pushing the morsel into his mouth; immediate relief was the consequence. I advised him to remain very quiet for a few days; and as it happened to be at night, he did stay quiet until morning, when, finding no inconvenience, he would submit no longer to confinement. Four or five days after, he showed me the cut, quite healed, having walked upwards of ten miles on that day.

Now this case is a very simple one, and it would be nothing if a surgeon had any assistance; but where he is called on to act among a parcel of wild mountaineers (who only judge of a surgeon's proceedings by his success), and by candle light, in a poor cabin, *c'est une autre affaire.* The next case, however, is more interesting.

CASE 2. — *Ejection of a Plum-stone from the Right Bronchus.*— — Wilson, æt. 11 years, the son of a butcher in Kingstown, near Dublin, having a plum-stone which had a hole drilled through the middle of it to make what children call a birdcall, fixed between his teeth, while drawing in his breath, through the hole, drew the stone into the trachea. This occurred at Castledermot on the 15th of September, 1834, eight miles from my residence. I saw him on the 17th. A probang had been used, and he had been bled and had vomited. I found him in a state of the utmost suffering, his lips blue, his eyes protruding, and the thorax labouring. In fact, he was struggling in the most violent state of excitement. Yet he could swallow without great difficulty, and there was no emphysema. Having laid him on a table, with a pillow under his neck, I proceeded to open the trachea, making my incision midway between the cricoid cartilage and top of the sternum; this operation on a child in such a state of excitement is by no means so easy as some who never performed it may imagine. The network of veins, the little arteries crossing, the dense fascia which connects the sterno-hyoid muscle, which cannot be divided by the nail, and requires the knife, at least in the living subject; then those muscles becoming roused, and rising up during the choking efforts of the child, showing a deep bloody cavity; then the same description of fascia between the sterno-thyroid; then the larynx quite small, and moveable and soft; and, lastly, the difficulty of entirely stopping hemorrhage before we open the trachea, make the proceeding rather a delicate one. Having divided five rings of the trachea I waited a few minutes, and then introduced

a small silver catheter down the tube, and felt the foreign body lying at the bifurcation of the trachea, hoping to detach it, that it might be brought up by coughing; but it slipped towards the right bronchus and there remained. At this moment the child experienced great relief, and I thought it prudent to discontinue further pursuit. At that juncture, too, the peculiar chirping sound of the birdcall was perfectly audible, caused by the air rushing through the little foramen in the plum-stone, in its passage to and from the right lung. I did not leave any tube in the opening. I think that to do so is, in general, a bad plan. It is not only useless, but highly injurious.

The patient was now sent to his bed. He complained of a pain in the right side corresponding with the situation of the foreign body. Fever now set in, and he suffered occasionally severe attacks of dyspnœa. However, the inflammatory symptoms were kept down, but the chirping sound continued until the 24th, precisely a week subsequent to the operation, when, during a fit of coughing, he felt something at the wound in his neck, and putting up his hand, received the birdcall into it. A correct outline of which I here subjoin. (See page 457.) The peculiar musical sound, of course, was discontinued and never returned. A profuse muco-purulent discharge and cough now harassed him for about a fortnight, succeeded by sweating; in fact, he became hectic, and I feared would sink. However, he rallied and was able to return to Kingstown, a journey of forty miles, at about the end of October. I have since heard that his health is tolerably good, and that the wound in the trachea, which was not larger than the hole in the plum-stone when he left this, and which I found very difficult to heal, is quite closed.

Temperance. — The instances of longevity, says some author, are chiefly among the abstemious. Yet long life is often found amongst those who greatly indulge the appetites. But mark the real difference. If two men live each to the age of 80, one of them a temperate man, the other given to excesses; the former *lives* the whole of his period, the latter has his faculties and functions half extinct, alive to little else than a sense of privation and pain during a great portion of his days, especially the latter twenty years of them. In these two cases, full twenty-five per cent. (hints a writer in the *New Monthly Magazine*) should be deducted from the life of the latter.

THE LANCET.

London, Saturday, Dec. 20, 1834.

A statement of some extraordinary circumstances connected with the malversation of the Anatomy Act by the teachers in the medical school of *St. Bartholomew's Hospital*, has been communicated to us for publication. At present, however, we shall not commit it to the press, lest the exposure should lead to injury as well as to benefit. We trust, also, that there will be no repetition of the occurrences which are so strongly condemned by our correspondent. Should there be, we merely ejaculate,—Mr. Stanley,—Beware!

In the last Lancet we called upon the medical officers of *Christ's Hospital* to make known their system of treating ringworm. Mr. Colbeck, the surgeon of the Hertford branch department, has tendered his resignation of that office. How is this? We suspect that he is a prudent man, and we earnestly recommend the medical officers of the parent Institution to follow the example set them by their colleague. We may congratulate the parents of the children on the work of reform being actually in progress in that Institution. There is much to be accomplished; but a generous perseverance on the part of those governors who have already exerted themselves with so much humanity on behalf of the children, will ultimately remove every obstacle, and surmount every difficulty.

The enemies of medical reform have incessantly striven to show that the profession feel no interest in its discussion,—that practitioners are indifferent about the laws

under which they apply the art of medicine, and that students are regardless of the regulations under which they are compelled to learn it. The agitation of the question has also ever been treated by monopolists as a profitless speculation, unwarranted by the condition or the wishes of the profession. The proposal to change a system which conveys into the hands of a few, almost the entire profits of medical practice and tuition, was, *of course*, considered by those few as mischievous and impracticable. But it requires little sagacity to perceive that the laws which were designed to regulate the study and application of a science, should keep pace in its changes with the improvements made in the science itself. Nothing less, indeed, than helpless stupidity could prevent the observers of public feeling and daily events, from foretelling such a result; or, having foreseen it, nothing but gross subserviency to equally gross corruption, could induce them to suppress the confession, that its approach was near and its utility great.

To the many refutations which we have already furnished of these calumnious absurdities of the monopolists, we shall add now another, founded on facts, the notoriety of which must silence disputation even among the hireling scribes of the anti-reform and the mock-reform press. We shall lay the *venue* of our experimental trial of the advantage and consequences of discussing the question of medical reform in the Irish metropolis, and adduce our evidence of both from a statistical glance at the existing state of the public and private schools, and some of the hospitals, of that city.

An examination of the relative condition of these institutions in past and present times, will tend to show that education is of a better and a cheaper kind, and that the fruits of the application of such education are enjoyed among a greater proportion of the profession, now than at any previous period; and that the number of pupils in the corporate schools has declined, while those of private establishments have been progressively increasing. If these facts can be satisfactorily established, the influence of discussing the question of reform will be proved to be most useful and extensive. Before proceeding, however, to examine the averment, it should be premised that certain circumstances exist, which should be taken into account while forming the opinion to which the comparison may lead. It is obvious, for instance, that the old or corporate schools originally possessed almost insuperable advantages over their junior rivals. The favourable prejudices created by the possession of a legal authority, and an ancient foundation,—by the possession of libraries and museums, and other necessary requisites for instruction,—but, above all, by the command of a public fund, and the power of framing laws to secure the corporate party against the consequences of competition,—all these were so many obstacles which the private establishments and the working of reform had to overcome. The advances, therefore, which have been made against these powerful impediments should not be estimated by their apparent extent; but by a scale which is graduated according to the difficulties that were to be overcome,—when, in the face of them all, it can be demonstrated, that the progress of reform has been greater than could have been made in ten times the period, under a grossly corrupt state of medical law and administration, without the stimulus of free discussion. Let us now briefly examine a few of the facts on which the affirmative of our position is based.

The medical school of the University of Dublin was, as most of our readers must know, at one time the chief medical school in the Irish capital, having reach-

ed the acme of "success" under the favourable auspices of the disgraceful ticket-system, and the deserved celebrity of its present Professor of Anatomy and Physiology. Its class-rooms were crowded to excess; and, considering the circumstances under which it was placed, its "prosperity" *appeared* to be based on the most lasting foundation. But what is now the condition of that establishment? Why that Dr. MACARTNEY and the odious monopolists, among whom we regret to say that he was one of the most active agents, have lived to witness the almost complete abandonment of the institution by medical pupils. The empty benches of the school this winter, declare that the numbers in the class cannot amount to much more than one-third of the attendants at its former periodical assemblages.

Nor will the classes in the School of Physic bear, without immense disadvantage, a comparison with the corresponding classes of private teachers in the other schools of the city. In this once crowded school, we thus have a signal example of the influence of the reform press on the state of medical education—of the gradual decline of corporate schools, and the consequent increase and prosperity of private schools; for the pupils who would still have filled the theatres of the former are now to be found divided among, and occupying the benches of, the latter.

In the school of the College of Surgeons, the secession of students, though not so extensive, has been very considerable. The anatomical and surgical classes there this winter are much short of their former number, notwithstanding the many disreputable efforts made by the professors to recruit their declining ranks at the commencement of the season. Neither the presence of an Archbishop, nor of a Provost, nor of a legion of sycophants and dependants, regularly summoned to attend daily at, and give a numerical *eclat* to, Professor HARRISON's recitations, from the *Penny Magazine*, on comparative anatomy, sufficed to preserve the classes of the institution from diminution. Thanks to the exertions of a free medical press, the scandalous acts of the College are beginning to be thoroughly understood and appreciated. Further, also, it should be observed, that a proportion of the attending pupils are the apprentices, connexions, and expectants of the professors and their friends, who had no choice in the selection of a school; so that a great reduction must be made, even from the diminished class this winter, before the free-will attendants are numbered. The College school, indeed, has already seen its "golden days." A few years more only, and it will cease to possess the means, as a corporate establishment, of supporting any one of the dependants who at present move in its halls. With the exception of the chemical class, the minor classes are beneath notice; nor should we mention them at all, except to remind Mr. KIRBY of the advantages which have accrued to his apostacy, and to his acceptance of the chair of the Practice of Physic. It is well to advert occasionally to those circumstances which must revive agreeable recollections in his mind whenever he looks around on the *rari nantes in gurgite vasto* which compose his class this season, and which bears much the same proportion to the audiences he was accustomed to address, as a surgeon, a drum-major, and three or four privates, do to a regiment. He has transferred himself to the College at a most philanthropic price; for the regular assignment of soul and body to the services of that pagod of corruption has as yet secured him but a pitiful remuneration in money. His blighted reputation and bitter reminiscences are, indeed, most miserably compensated. The doctrine that the discussion of reform has produced no effects, is remarkably

satirized in the person of Mr. KIRBY, who, if gratitude be compatible with corruption, should occupy a first place in some future "Book of Medical Martyrs," for which abundant materials will, in a short time, be obtainable in the Irish metropolis.

But the influence of the press has not stopped at the institutions against which its exertions were mainly directed. It has even reached the Park-Street attempt to imitate the College, which, like Mr. KIRBY, has suffered sorely for its love of corporate alliance and intrigue. Probably more than two thirds of its class consist of apprentices of the principal professors, one of whom, Mr. CUSACK, is perhaps the greatest apprentice-monger in Dublin. Nothing but the show which these young gentlemen enable the professors to make, preserves to the establishment even the semblance of a school.

In recording, however, the reward of its sycophancy to, and its connexion with, the College school, we regret that any portion of our censure should fall on a class of establishments which, unless in a few instances, have always possessed our support. We should now proceed to notice this latter class of schools, together with the hospitals; but we must, for the present, defer the execution of that part of our duty, as we have now merely room to draw the attention of the liberal members of the Dublin College to the approaching elections, which promise to be as stormy in their circle as those of the political world; and which, we trust, will terminate in the appointment of representatives who are favourable to the cause of science, the freedom of the human mind, and the welfare of society. Already, we understand, is the usual machinery of corruption in motion. Already are the professors of the College school turning at the wheel. Suppers are given in the city; letters are dispatched to the country to secure the votes of rustic protegées; and place, patronage, and participation in the public funds, are freely promised, to secure courts and a President suitable to the gloomy and desperate exigencies of this now almost prostrate faction. We need not, of course, inform the liberal party of their duty on this occasion. They must know that to retain a single representative of their principles in office in the College, will require unwearied exertions, as it is the fixed determination of their opponents to clear the Institution of every man who is even suspected of entertaining liberal opinions. To us, who see in these fermentations of corruption nothing but the natural process of purification, there appears no cause of alarm for the general march of improvement. Like all corrupt institutions, the College will proceed in the work of iniquity, until it deprives itself of every pretence to an argument against its total suppression,—until there is left not one virtuous man in that modern Nineveh, to save it from the wrath of justice.

AT the last annual meeting of *the Royal Academy of Sciences*, held on the 8th of December, the following prizes, founded by Baron MONTHYON, were distributed:—

Prizes in Experimental Physiology.

To Mons. MOHL, of Berne, a gold medal, value 500 francs, for his researches in vegetable anatomy, and especially those destined to illustrate the structure of the palmæ and the urticular tissue.

To M. DONNE, a gold medal, value 500 francs, as an encouragement to continue his experiments on electro-magnetism, as applied to animal physiology.

Grand prizes in Medicine and Surgery.

Amongst the 57 memoirs which the committee had to examine, not one seemed of sufficient importance to merit a grand prize; the following recompenses were however adjudged:—

To M. GENSOUL, of Lyons, for his me-

moir on certain dangerous affections of the superior and inferior maxillary bones, and on the operative processes adapted to their cure,—5000 francs. Although the labours of modern surgeons on the diseases of the lower jaw, and some fortunate attempts at partial ablation of the superior alveolar edge, may have pointed the way to M. GENSOUL in the bold operations which he has performed, yet the idea of completely removing the whole of the superior maxillary and malar bones is completely new in surgery. Its execution, as well as the operative method of M. GENSOUL, are equally new, and the most fortunate results, confirmed by other practitioners, have crowned this bold operation.

To M. BOUSQUET, 3000 francs, for his memoir on the vaccine virus. Three members of the committee were charged to repeat the experiments of M. BOUSQUET, and they found, with him, 1st, That the application of cupping-glasses over the vaccine pustules, at the instant they are formed, does not create any obstacle to the further development of the pustules. 2nd. That the vaccine virus enjoys all its properties at the moment of its appearance, *i. e.* from the fourth to the fifth day of its inoculation; hence, if necessary, the virus may be collected at that period, instead of waiting to the 8th or 9th day, as is at present done, and recommended in all works on the subject. 3rd. That the preservative effect of the pustules on the 5th day is proved by the circumstance that if they be destroyed by cauterization a new vaccination gives no result.

To M. MAYOR, of Lausanne, 3000 francs, for his work on popular bandaging. M. MAYOR is the sole surgeon to the hospital at Lausanne, where, as report says, he is not allowed a single assistant, even for the dressings. Hence he has been compelled to consecrate a great portion of time to simplifying, as much as possible, the apparatus used in surgery, and he has been very successful, without in any way diminishing the chance of success. We have seen M. MAYOR, at Paris, put on almost all the bandages used in surgery, with a single handkerchief, folded cravat-wise. M. MAYOR has also adopted a very simple method of producing a blister: he dips a hammer in boiling water, and applies it at once over the part.

To Dr. SOUBERBILLE, 2000 francs, for the improvements which he has made in the supra-pubic operation for the stone. Dr. SOUBERBILLE has laboured for many years back to restore the high operation for the stone; he has operated frequently, and with considerable success; but we do not know that his example has been followed by any surgeon of note in the French Capital. The improvements of Dr. SOUBERBILLE consist chiefly in his having altogether suppressed the perineal incision, and in the employment of what he calls his compound syphon, by which any danger of effusion of urine is prevented.

To Dr. SEGALAS, 2000 francs, for a new lithotritic instrument, which he calls "Brise Pierre à Pression et à Percussion." The object of this new instrument is to effect the destruction of calculi in different ways: viz. by pressure, as with the brise-pierre of JACOBSON; by percussion, as with Baron HEURTELOUP's percuteur; and, finally, by pressure and percussion, successive and almost instantaneous. This is not the first instrument in which the author has attempted to unite percussion and pressure; but those hitherto made were very complicated, and required a change in the disposition of the parts; hence there was a loss of time in passing from pressure to percussion, and *vice versa*. The brise-pierre of M. SEGALAS is very simple, and principally distinguished from those which have preceded it, in this, that the pression and percussion succeed each other almost instantaneously. Its volume is not considerable, and it is easy to manage. The author has applied this instrument with success on 24 patients, of whom 10 were above 70 years of age, and two were 80.

To M. NICOD, 2000 francs, as an indemnity for the expense caused by his researches on polypous carnosities, developed in the urethra, or in the neck of the bladder.

To M. CASTALLAT, 1500 francs, for his improvement in the method of dilatation employed against organic contractions of the rectum.

To Dr. James, 1000 francs, for his experiments on vaccination.

To M. Hatin, an honourable mention, for his instrument for polypi of the nose.

To Dr. Phillips, of London, the same, for his new method of treating aneurysms, by traversing the sac with a thread of silk.

To M. Scipion Pinel, the same, for his memoir on cerebral œdema and its treatment.

To MM. Serre and Ricord, the same, for their memoirs on the use of mercurial frictions in inflammations of the skin and erysipelas.*

Subjects for next year. Monthyon prize of 10,000 francs:—

Medicine.—"Determine the alterations of the organs in diseases known by the term 'continued fever.' What are the relations between the symptoms and the alterations observed? Develop the therapeutical views which may be deduced from these relations."

Surgery.—"Determine by a series of facts and observations, the advantages and disadvantages of mechanical or gymnastic methods, as applied to the cure of deformities of the osseous system."

These questions are open to the competition of writers of all nations.

Radical Cure of Varicocele.—M. Wurzer has applied the ligature and removal of the varicose veins with success to the radical cure of varicocele. Professor Fricke (*Medizinische Zeitung*, Aug. 1832) regards the operation as dangerous, and equally rejects that of M. Breschet as being long and painful,—the compression, according to Prof. F., determining excoriations, and even eschars, which interrupt the treatment, and retard the wished-for result. The critique of M. Fricke does not seem to us to be justly applied to any of the operations according to M. Breschet's method, which we have seen performed at the *Hotel Dieu*. M. F. proposes, instead of compression, to take a common sewing needle, to seize the dilated vein between his fingers, and traverse the skin of the scrotum and the parietes of the vein with the thread; the ends of the thread are to be cut off and knotted on the skin. The same manœuvre was repeated by M. Fricke on two other veins of the same patient. The next morning the parts were somewhat red, and there were swelling and sensibility of the testicle. The thread was withdrawn, and the tumefaction &c. disappeared by degrees. On the twenty-first day after the operation, the three veins were transformed into firm, indolent chords. Dr. Grossheim has since operated in the same manner, and obtained a similar success.

The four numbers of the *Journal des Connaissance Medico-Chirurgicales*, for its second year, contain the following original articles:—

No. I.—1st. On tracheotomy in croup, by M. Trousseau. 2nd. On the immoveable apparatus employed in the treatment of fractures, by M. Mayor of Lausanne. 3rd. On epidemic dothinenteries, by M. Gendron.

No. II.—1st. On a new local treatment for bubos, by M. Renaud. 2nd. Case of accidental empalement, by M. Legraux. 3rd. Extraction, replacement, and consolidation, of a painful tooth, by M. Cabanes. 4th. On the excision of uterine polypi by metallic threads, by Lerpiniere; with several other minor papers.

No. III.—1st. On water as a therapeutic means, by M. Cristophe. 2nd. On the identity of gonorrhœa and syphilis. Note by M. Ricord. 3rd. On simple quinine as compared with its preparations, by M. Trousseau.

No. IV.—1st. On the mechanism of natural labour, by P. Dubois, Professor to the Faculty of Medicine. 2nd. Radical cure of hernia in small children, by M. Meynier. 3rd. On the efficacy of camphor-vapour in flying rheumatism, by M. Houeix. 4th. Cesarean operation; extrac-

* Mr. Wansbrough of Fulham, in a note dated December 13th, informs us, that the application of the *Ung. Hyd. Fort.*, in cases of erysipelas, has been pursued in America some years. "My attention," Mr. W. adds, "was first directed to the subject about three years ago, by Dr. Gorry, M.D., of New York, who advised the treatment to a patient of mine, in a case of extensive erysipelas of the leg. When seen by Dr. G. the vesicles extended over the whole area of the inflamed surface. *One application* effectually cured the disease in twenty-four hours. I have been equally successful in every subsequent case. The *modus applicandi* recommended by Dr. G., and practised by me since, is, to melt the ointment, and, with a feather, to spread it, while warm, over the part affected, which was afterwards covered with dry lint, and the patient kept in bed.

tion of a living child; by Gustavus Vignolo.

We proceed to notice some of these papers:—

TRACHEOTOMY IN THE LAST PERIOD OF CROUP.

We have already analysed the preceding papers of M. Trousseau, in which he describes his successful cases, five in number. During the months of June and July, he operated eight times, and saved three patients, in addition. Let us now turn our view to the other side of the question:—

Since the year 1826, the author has performed tracheotomy (in cases of croup) on thirty little patients; of these, eight have been saved, and twenty-two are dead. But of the latter, six cases should be subtracted; as three of the children were already dead when the trachea was opened, and in three death was produced by the inexperience of the assistant, who was unable to replace the sound, which was expelled during a fit of coughing. But we have eight cures out of twenty-four cases. Besides, from the table given by M. Trousseau, it would appear, that of the sixteen last operations which he has performed, nine were successful. It would also appear from the same table that boys are more subject to croup than females. Of the thirty operated on, eight were females, and twenty-two were males. It is remarkable that all the females died. The author regards it as an indisputable point of doctrine, not only that the operation should be performed as early as possible, but also that it should be done in all cases of croup, and combats the objections made to operating from the danger of tracheotomy, or the chance of performing an useless operation; he considers croup as invariably fatal whenever the false membrane has descended into the larynx, and endeavours to show, that with proper attention, the physician will seldom be mistaken in his diagnosis. As soon as the incision has been made into the trachea, the physician's first care should be to introduce the dilator, and open its branches gently, so as to dilate the wound, and give exit to the blood, false membranes, &c. Ten or twelve minutes having elapsed, the surgeon must clean out the trachea with a morsel of sponge, placed on the end of a whalebone stick, so as to remove all the mucus, false membrane, &c., and leave the mucous membrane of the air passages clean for the action of topical remedies.

When the trachea and bronchi have been thus well cleaned, M. Trousseau proceeds to cauterize, either by imbibing the sponge with the caustic fluid, or by dropping it from a quill into the trachea. This should be repeated, at least, six times on the first day, and three times on the second.

When the caustic solution is applied on sponge, it may be made with eighteen grains of nitrate of silver to a scruple of water; for installition, four grains to the scruple is enough; immediately after cauterization with the fluid indicated, M. Trousseau introduces a canula and fixes it firmly, taking care, however, to clean it from time to time.

On the fifth or sixth day, if the larynx appear free, the canula may be closed for one-quarter of an hour or one-half hour. After some time has elapsed it may be reclosed for two or three hours, and then for ten or twelve. If after this time the respiration remains free, the canula may be taken away and the wound closed. In six or eight days the opening into the trachea is completely cicatrized.

DENTAL NEURALGIA. — EXTRACTION OF THE TOOTH.—REPLACEMENT AND CONSOLIDATION.

M. Proch, seventeen years of age, being affected with violent toothach during eight days, requested the author to extract the tooth; having already had experience of the efficacy of the means which he proposed to employ, M. Cabanes extracted the tooth, and finding the alveolar cavity sound, immediately replaced it. As the vasculo-nervous pedicle, which enters the root of the tooth, was destroyed, there was no more pain; the alveolar cavity contracted round the tooth, and fixed it so firmly, that ten months afterwards it was as useful as any of the other teeth.

The editor of the journal says, he has two ladies at Paris amongst his patients, on whom M. Pernet performed the same operation. The teeth were as solidly fixed in the head, as if they had never been touched.

WATER AS A THERAPEUTIC MEANS.

The author's theory on the action of cold water in external affections is simple enough; it prevents the development of vital properties, by refrigeration, and, by cleaning the wound, prevents the danger of purulent absorption. In support of its efficacy, he cites several cases in which cold water was employed by him with success. In two cases, where the fingers and toes were lacerated by machinery, the assiduous employment of cold aspersions effected union of the injured parts with little or no suppuration.

LUXATION OF THE HUMERUS INTO THE AXILLA BY THE MUSCLES ALONE.

A woman, 28 years of age, three months pregnant, experienced some convulsive movements, particularly in the thoracic extremities. Her husband called in M. Allaire, who, on arriving, found that the convulsive motion had ceased, but the patient had lost the use of her right arm. She had met with no accident, or fall. The humerus was in fact luxated downwards. The first attempt at reducing it was unsuccessful; but the next morning, when the patient was placed in a chair, in a proper position, the bone was restored.

ADVANTAGES OF THE RESINOUS QUININE (*Quinine Brute*) OVER THE SULPHATE OF QUININE.

After various experiments with the different preparations of bark, M. Trousseau regards the resinous quinine as much superior to any other. It is the cheapest; it is very insipid, not being soluble rapidly in water, or in the fluid of the mouth. When we desire to give bark to children, it is the best form, as it rolls easily into very small pills, or if it be old it is reducible to powder, and may be given in broth &c. It rarely occasions the diarrhœa and pain of the stomach which so often follow the long-continued use of the sulphate of quinine; and, finally, it may be given in a lesser dose.

CESAREAN OPERATION. — EXTRACTION OF A LIVING CHILD.

A. H. Brun, 19 years of age, was received into the *Hotel Dieu*, of Marseilles, on the 7th of April 1834, and placed in the fever ward. She was pregnant eight months. The patient, on her reception, exhibited all the symptoms of intense gastro-enterite. The proper means were administered, but in vain. On the 9th, at six o'clock in the morning, she appeared on the point of death. M. de Garam, who attended, having assured himself, by the stethoscope, that the child was living, only waited for the death of the mother to practise the operation. In an hour the patient expired; and M. de Garam, who had prepared every thing, immediately incised the abdominal parietes from the umbilicus to the pubis, and divided the uterus to the extent of six inches. The child's back was turned towards the operator, who, without any loss of time, plunged his hand into the uterus, and, with the help of an assistant, promptly extracted the child. The fœtus, at first sight, appeared almost deprived of life. It was in a state of complete asphyxia. The face was quite blue; the chest without any movement and dilatation. Some blood was allowed to flow from the chord, and with the addition of friction &c. the child was restored to life. He cried strongly, and swallowed perfectly the fluids offered to him; but died in thirty hours afterwards.

ON THE MECHANISM OF PARTURITION.

This is the second part of a long, but well-written and ingenious paper, by M. Dubois, who was lately chosen professor of accouchment to the Faculty of Medicine. The deductions drawn by the writer are taken from an assemblage of 2300 cases examined by him within the space of four years, for the purpose of determining the relations of the fœtus with the pelvis. We regret that we cannot follow the author throughout the various considerations which he develops. We must, however, be content with noticing his conclusions, which are,—

1st. In the left occipito-lateral positions, the occiput is almost always directed obliquely forwards; while in the right occipito-lateral, it is more frequently directed obliquely backwards.

2nd. In the commencement of labour the head is almost always inclined on the anterior region of its lateral regions, in such a manner that one parietal is always lower than the other; as the head penetrates into the cavity of the pelvis, this inclination becomes corrected.

3rd. That in descending into the cavity of the pelvis the head of the fœtus in general executes a movement of flexion, but this phenomenon is far from being constant and regular, and the anomalies which it presents do not commonly influence the duration or difficulty of labour.

4th. That it is not the perpendicular and biparietal diameters, but a diameter very close to the occipito-frontal, and a transverse diameter still smaller than the biparietal, which are in relation with the diameters of the superior brim, when the head of the child passes it.

5th. That the head of the fœtus executes in the pelvis a movement of rotation, which usually conducts the occiput into the arch of the pubis; that this movement ordinarily is accomplished in the same sense, whether the occiput be primitively directed forwards or backwards: that it is simply confined in the first case, and extensive in the second: that this

movement may be and often is incomplete; that it may be exaggerated or null; that the two first cases have no marked influence on labour, but that its absence, when the occiput is directed backward, may render the labour more long and difficult, without, in general, preventing it from terminating spontaneously; hence the movement of rotation, bringing under the arch of the pubis the occiput, primitively behind (a movement which Solayres, Baudelocque, and their successors, have regarded as an exception), ought to be regarded as the rule; while the remaining of the occiput behind, and, *a fortiori*, any movement of rotation carrying it into the curve of the sacrum (circumstances regarded by them as the regular motion), should, on the contrary, be considered as an exception of a very rare kind. That the inclined planes do not exercise any influence on the production of this phenomenon, which is due partly to the form and mobility of the head, and partly to the form and resistance of the cavity traversed.

6th. That the head enters the inferior straight, according to the direction of one of its oblique diameters; but, as the movement of rotation takes place, while it traverses this straight, we may say that it partly traverses this opening according to the oblique diameters, but that when once passed, it is placed in the direction of the antero-posterior and transverse ones.

7th. That the head, after having passed through the external organs, generally preserves the position in which it traversed them, and that the movements which it afterwards executes, and which render it at first oblique, then often transverse (movements, called those of restitution by most accoucheurs), are not, as they think, the indication of the return of the head to its anterior relations, but rather the consequence of the motion given to the trunk in the pelvic cavity.

8th. That the body of the fœtus, contrary to the opinion of Solayres, Baudelocque, and almost all accoucheurs, follows, if not completely, at least in great part, the movements given to the head in the cavity of the pelvis; and that the shoulders, which are nearly transverse when the head has completed its movement of rotation after the expulsion of the latter, execute a movement of rotation which places them very nearly in the antero-posterior diameter of the outlet, and, at a later period of the vertical diameter, of the vulva; and that the shoulder which is placed under the arch, is the one disengaged the first.

The Morbid Anatomy of the Human Eye. By James Wardrop, Surgeon to the late King. Illustrated by coloured Plates. Second Edit. London, Churchill, 1834. Two vols. 8vo. pp. 365.

Writers and practitioners pronounced an unanimous verdict in favour of Mr. Wardrop's work on the Morbid Anatomy of the Eye, immediately after it had been submitted, in the first edition, to their decision on its value. From that period to the present time, the renewed opportunities which have occurred to the profession of testing his observations, approving his suggestions, and quoting his opinions, have all tended to confirm the justice of the honours with which it was originally received. The former edition of the work having thus successfully undergone the ordeal of time and practical criticism, we embrace the opportunity afforded by the publication of another edition, to re-introduce to the notice of the profession the author's labours in this branch of surgical science. In accomplishing this object, it will not, after such a confirmation of the merits of the work as we have been enabled to appeal to, be necessary for us to enter upon an analysis of the contents of the two volumes of which it consists; we shall, therefore, content ourselves with some general remarks expressive of our opinion of the work, and the basis on which it rests, since this is the first occasion in which it has been the subject of a critical notice in this Journal.

When the "Morbid Anatomy of the Eye" first made its appearance, the surgical literature of this country was particularly barren of scientific treatises on the subject. The serious class of diseases to which the organ of sight is liable, were as yet scarcely rescued from the maltreatment of notorious "quacks," or of men who, though escaping the title, manifested most of the distinguishing attributes of those pretenders to medical science, and Mr. Wardrop was the first British surgeon in the practice of general surgery who published a distinct work on the diseased conditions of the Eye. The circumstance attaches honour to his name, especially when regarded in connexion

with the fact that after more than a score of years have elapsed, and after the production by others of numerous and extensive works on the eye and its diseases, this record of his early observations still maintains the first station among the emanations from the press on the same subject. Mr. WARDROP has himself been induced to notice the permanency of his labours in this branch of the profession, in the present edition of the work. "Although twenty-six years," he remarks, "have elapsed since the 'Morbid Anatomy of the Eye' was first published, the care with which the materials were selected is satisfactorily proved by the circumstance, that subsequent researches in this interesting department of pathology have not contributed any additional facts to render an alteration in the work desirable."

We find similar testimony to our own in a copy of "An Introductory Lecture on Diseases of the Eye," delivered at the Birmingham Eye Infirmary, in February last, by Mr. MIDDLEMORE. "Mr. WARDROP's well-arranged and scientific work on the Morbid Anatomy of the Eye was published in 1808, and," says the lecturer, with a highly honourable candour, "is by far the best work of the kind which has yet appeared. This valuable book has accomplished for the pathology of the eye, what the immortal work of ANDRAL has effected for general pathology, and, gentlemen, you are as yet scarcely in a condition to appreciate the extent of your obligations to its talented author." This is the declaration of one who is a candidate for fame in the same field, possessing great opportunities for gaining experience and forming a judgment on the subject. The work, in fact, has few parallels in the literature of medicine.

The plan of arrangement followed by the author is eminently adapted to rescue a branch of science from that confusion of ideas which so often attends the accumulation of a multitude of facts and observations. It will be instantly recognised as highly philosophic in character, when the splendid views of the illustrious BICHAT, as developed in his "Anatomie Générale," are found to be the basis on which it rests. This was, probably, the first practical application amongst us of the principles of *general*, to the elucidation of *pathological*, anatomy, on an enlarged scale; and although the doctrines of that great physiologist are now as widely diffused as science itself, we are tempted to extract from Mr. WARDROP's preface the following account of the use he made of them. After eulogizing the labours of BICHAT, and briefly analysing his opinions, he says,

"These general observations will be sufficient to give an outline of the principles of a pathological system, founded on the basis of anatomical knowledge; and when applied to the investigation of the morbid anatomy of the *eye*, they will be found to afford a happy illustration of the system which I have ventured to adopt. For this beautiful organ is not only composed of *a great variety of textures*, but the transparency and ready examination of most of its parts in the living body admit of great minuteness and accuracy of observation, and the various morbid changes can be much more distinctly observed than in any other part of the body. The parts which form the eyeball, and which are immediately connected with, and subservient to, the performance of its functions, as they present a great variety of structure, are necessarily liable to a proportionate variety in their morbid changes. The external covering of the eyeball, eyelids, and lachrymal passages, or conjunctiva, being a mucous membrane, we shall find that it is subject to all the diseases of mucous membranes in other parts of the body. The diseases of the cellular membrane, which lies underneath the conjunctiva, are analogous to those of the cellular membrane in other organs. The sclerotic coat, the iris, the choroid coat, the crystalline lens, the optic nerve, the retina, and the different parts which compose the cornea, are also liable to morbid changes, similar to those textures in other organs to which they are analogous; the various phenomena being more or less modified by the peculiarity of the functions of the organ.

"In the descriptions of the diseases of the eye, which are given in the following essays, I shall divide them into two great classes. The first will contain an account of *the morbid changes of each separate structure* which enters into the composition of that organ; and the second, an account of those diseases which have a *specific character*, and have symptoms peculiar to themselves in whatever structure of the body they appear, or which, when they attack the eye, affect a greater

or less number of its different parts at the same time."

Having thus resorted to the author's own explanation of the method which he adopted in the investigation of this field of morbid anatomy, we might illustrate, by a reference to some portion of the body of the work, the manner in which the prescribed general principles have been applied. The first part of the eye to which attention is pointed—namely, the *cornea*, would afford us a good opportunity of accomplishing our purpose. After a short chapter devoted to "General remarks on the cornea," in which he treats of its structure and functions, he thus speaks of *Inflammation* of this coat:—

"Inflammation does not usually affect all the textures, of which the cornea is composed, at the same time; and although in many instances it may be difficult to discriminate the precise extent of the disease, yet in others it may clearly be shown that the inflammation is entirely confined to one of the textures. As this distinction involves very important consequences, both in a pathological and practical point of view, I shall consider inflammation of the cornea under three separate heads:—1st. As affecting the *conjunctiva* which covers the cornea. 2ndly. As confined to the *proper substance* of the cornea; and, 3rdly, As affecting the membrane which lines the internal surface of the cornea, or the *capsule of the aqueous humour*."

Nothing can be more simple or clear than the manner in which these heads of discourse are worked out, and, had we room, we would extract them in evidence of the averment. Pterygia, specks, ulcers, ossification, and other affections of the cornea, next come under elaborate discussion, and we may especially instance the chapters on staphyloma, and alterations in the form of the cornea, for the interesting facts they contain. We might, with benefit also, put in requisition some of the sections of the second volume; but the contents of that portion of the work, as well as any further portion of the first, we are obliged to pass unnoticed, although they abound in interest.

We must not conclude our remarks without reference to the numerous and excellent engravings which illustrate the doctrines expounded. They form a striking and valuable feature of the work, and will be found, by the student more especially, to afford great assistance in an inquiry into the morbid appearances of the visual organ. They are strictly faithful delineations, and bear the most rigidly critical comparison with the actual diseased conditions which they are intended to represent. They are well engraved, and excellently coloured. Another circumstance which confers value on these plates, is, that they have been made the subjects of repeated reference in many standard works. Of course, in the present volumes, they are accompanied by full explanatory remarks. It will be found advantageous to the student to examine these explanations and plates in connection, before proceeding to the main text. His mind will thus be familiarized with the morbid states of the organ, both in actual practice and in the study of authors. With these observations we close our notice of the republication of a work which no subsequent production on ophthalmology has equalled, and which the whole existing range of works cannot supplant. Few men possess such claims to a high rank among the improvers of pathology as its author; and few indeed of the numerous diligent labourers in that department can refer to such a voucher of talent, accuracy of observation, and industry, as these "Essays" on the Morbid Anatomy of the Eye.

The British Medical Almanack, 1835. To be continued annually. London, Sherwood. pp, 111.

The Medical Pocket-Book, for 1835. By John Foote, junior. London, Renshaw. pp. 166.

These productions may be regarded as new features in medical literature. The former is a book of reference only; the latter is one both of reference and of record. For the purposes of reference, the "Almanack" is infinitely superior in variety, extent of matter, and point of interest, to its fellow. There are, however, several things in the "Pocket-Book" which possessors of the "Almanack" might covet,—not in exchange for

any part, but in addition to the contents of that compendium. Thus, in the "Pocket-Book," there is a good chapter on "New Medicines," and an abstract of the Pharmacopœia, which—defective as is that official index—would be regarded as a useful medical breviary, in its contemporary. The chief feature of the "Pocket-Book" consists in a series of ruled pages for recording cases, making daily memoranda, &c.; but, heaven bless us, what a pocket practice must that be in which they can be turned to account. The "pre-disposing symptoms" and "treatment" in any case worth recording, would occupy ten times the space allotted to them. There is not room in a pocket-book to accomplish the object here designed. These pages, however, may serve, with advantage, the purpose of registering disorderly memoranda, to be "posted" at leisure. Accounts of schools, medical corporations and societies, directions for drawing up cases, remarks on medical evidence, and on poisons, with the common non-professional information of book-almanacks, leather covers, a couple of pockets for bank notes, and a "tuck," complete the features of this candidate for professional patronage. To those who wish for a "medical" pocket-book, it will be a desirable companion.

The "British Medical Almanack" deserves (when some errors in it have been corrected, which the publisher informs us will not appear in the revised copies of the work) to receive a high character from us. It is a production of much labour and professional learning, and is published at a price which we doubt not will induce every member of the profession to purchase a copy. To secure the success of the work, we need do little more than enumerate its contents; but these are too numerous to be individually detailed in this place. The calendar—which is exceedingly complete—combines an excellent bibliography of medical authors with its other information, and is followed by a great variety of medical facts, worthy of note, and useful for reference. Lists of the British and some other medical institutions, and of various official medical officers, are subjoined; and, in fact, as much matter is added as could be made portable in a publication of this description. A plate of the new *Westminster Hospital* forms a frontispiece, and a preface is given, which, by-the-by, does not seem to us to be very *apropos* to the work. An "Almanack" certainty is not a "means of communication between enlightened and benevolent men." We observe that a Supplement is to be published. We can almost venture to recommend it before it appears.

INTERCEPTED NOTES.

"The Editor of the *Gazette* presents his respectful compliments to Sir Henry H*lf*rd, and begs to request that Sir Henry will do him the honour to furnish him with copies of the bulletins composed by Sir Henry during the lamentable illness of his late Royal Highness the Duke of Gloucester, the editor being very desirous of having those valuable documents collated and printed together in their Journal.

"St. George's Hospital, Monday,
One o'clock."

"Sir Henry H*lf*rd desires that the Editor of the *Gazette* will not, under any pretence, presume to publish a copy or copies of his bulletins, either separately or collectively, those documents not having been intended to communicate anything like a medical view of the case of the Royal Sufferer, but merely being designed to produce a temporary quietude and tranquillity in the public mind at that momentous crisis.

"May Fair, Two o'clock."

CHRIST'S HOSPITAL.

To the Editor of The Lancet.—Sir,—You said in one of your late numbers that it would be desirable to submit the subject of the medical department of *Christ's Hospital* to the notice of Mr. Warburton. I presume, as the medical committee has closed its sittings for the reception of evidence, that the best mode of introducing new facts bearing on professional matters, will be by direct communication with that gentleman, as a member of Parliament. This course, I apprehend, must be adopted, for I find that the venerable apothecary hopes, by

giving up his country house, and making some show of professional attendance at the establishment, to induce his friends, the managers, to allow him to continue to hold office; but surely an institution which contains seven hundred children, who all may require medical attendance, ought no longer to remain under the care of an apothecary, who either could not keep them free from disease, or would not, until his ignorance or neglect was exposed to view in the public prints, and who only proposes to perform his duty by dint of the compulsion which follows detection!

I am, Sir,
Your obedient servant,
A GOVERNOR.

London, Dec. 13th, 1834.

OPHTHALMIC QUACKERY.

To the Editor of THE LANCET.

SIR,—May I beg the favour of you to inform your numerous readers, and more particularly in order to settle a dispute here, whether or not the Mr. Guthrie alluded to in the annexed extracts from nine different newspapers is Mr. George James Guthrie, the son of the late respectable bougie-maker who resided in Golden Square, and one of the *Council of the College of Lincoln's-Inn-Fields*, or an advertising charlatan, who has assumed the name of Guthrie. Any information afforded on this point would be an act of justice, and due to the honourable character of the profession, whose moral character and respectability you have always been zealous in supporting. I am, Sir, yours, obediently,

Z.

Infirmary, Birmingham, Dec. 14, 1834.

No. 1.—"Mr. Byng, the member for Middlesex, has been prevented from attending any of the late public meetings by a defect of sight, amounting to almost total blindness."—*Morning Herald*, Dec. 8.

No. 2.—"Mr. Byng, M.P. for Middlesex, has been for some time past affected with a cataract in each of his eyes, but both are now in the state in which it is supposed they can be extracted with safety, and without pain, by the system now adoped instead of couching. The operation will be performed in the course of a few days."—*Standard*, Dec. 8.

No. 3.—"Mr. Byng, M.P. for Middlesex, has been for some time past affected with a cataract in each of his eyes, but both are now in the state in which it is supposed they can be extracted with safety, and without pain, by the system now adopted instead of couching. The operation will be performed in the course of a few days."—*Times*, Dec. 9.

No. 4.—"Mr. Byng underwent the operation of couching, with success, on the 7th inst."—*Times*, Dec. 11.

No. 5.—"The operation of extracting the cataracts from the eyes of Mr. George Byng, M.P., was performed, three days ago, by Mr. Guthrie, according to an improved system, unattended with pain or danger, and the sight perfectly restored."—*Morning Post*, Dec. 11.

No 6.—"On Sunday last the operation of extracting the cataracts from the eyes of Mr. George Byng, M.P., was performed by Mr. Guthrie, at the house of the hon. member, in St. James's-square. Mr. Byng was an excellent patient, having strictly abided by the regimen, for several weeks, laid down for him by his medical adviser Dr. Gardner. The operation was performed in a few seconds, and the sight of Mr. Byng perfectly restored."—*True Sun*, Dec. 11.

No. 7.—"The operation of extracting the cataracts from the eyes of George Byng, Esq., M. P., took place this week by Mr. Guthrie, and was perfectuated in less than a minute, and the sight of the patient quite recovered. For the last six weeks Mr. Byng lived according to a strict regimen, prescribed by his medical adviser, Dr. Gardner."—*Standard*, Dec. 11.

No. 8.—"The operation of extracting the cataracts from the eyes of George Byng, Esq., M. P., took place this week, by Mr. Guthrie, and was performed effectually in less than a minute, and the sight of the patient quite restored. For the last six weeks Mr. Byng lived according to a strict regimen prescribed by his medical adviser, Dr. Gardner."—*Times*, Dec. 12.

No. 9.—"The operation of extracting the cataracts from the eyes of George Byng, Esq., M. P., took place this week by Mr. Guthrie, and was performed effectually in less than a minute, and the sight of the patient quite restored."—*Bell's Life in London*, Dec. 14.

CUBEBS IN DYSPEPSIA.—*To the Editor of* THE LANCET.—Sir,—In answer to the query of Mr. Laughlin of Dublin, in THE LANCET of November 15th, "Whether any of your correspondents have observed the effect of cubebs in stomachic derangement," I beg to observe that I have been in the habit of giving it, and have also taken it myself, with marked success in those affections for three or four years past.—I remain, Sir, your obliged servant,

WM. WILLS.

Totnes, Devon, Dec. 16, 1834.

TO THE INDEPENDENT ELECTORS OF THE BOROUGH OF FINSBURY.

GENTLEMEN,—My opponents, the bitter enemies of all useful and economical reforms, are stating that it is not my intention again to become a candidate for the representation of the borough of Finsbury in Parliament.

This is my answer to all such misrepresentations;—The moment that Parliament is dissolved, I shall again do myself the honour of soliciting your suffrages.

If the reformers, generally, act in UNION, and reject all petty personal feelings and prejudices, the great cause which we advocate will experience the most signal and glorious triumph that has yet been achieved for it in this country.

I have the honour to be,
Gentlemen,
Your faithful servant,
THOMAS WAKLEY.

Greenford, Middlesex, Dec. 17th, 1834.

ST. BARTHOLOMEW'S SCHOOL.

WE are informed that Dr. ASHBURNER intends to resume his seat in the chair of Midwifery at *St. Bartholomew's Hospital*, this day, December the 20th; and we are also informed, that the class attending the midwifery lectures, almost to a man, regard the intention as an outrage upon every principle which should regulate the appointment of teachers in the school, and the intercourse between lecturers and students. Dr. LOCOCK has, since the period of our last notice on the subject, delivered the lectures in this division of the school, and is now supposed, by Mr. STANLEY and the other teachers, to have occupied the post long enough to soothe the opposition which was shown to Dr. ASHBURNER. This seems, however, to be an error of judgment, and under the alternative before them, the class is resolved to contend for Dr. LOCOCK, or Dr. ANYBODY-ELSE, as a substitute for Dr. ASHBURNER, who is alleged to return, armed with the powers of the police, "at the desire (or advice) of his friends." On Tuesday Dr. LOCOCK solicited for him a "second hearing," intimating that the former objections were not based in justice, and were excited by unfair measures. The matter is in the hands of the class, who are, if they exercise a cool judgment, a great deal better judges in the question than all the "recognised" teachers and police officers in London. These latter persons are, however, to decide the matter, under the direction, we are told, of Mr. Examiner WHEELER!

BOOKS RECEIVED.

A Manual for Students who are preparing for examination at Apothecaries' Hall. By John Steggall, M.D. Sixth Edition. London, Churchill, 1834. pp. 302.

Outlines of a new System of Philosophy, being a view of the system of Sciential Medicine, or medicine (and all human knowledge) as proveable as geometry. By Thomas Eden, M. R. C. S. London, E. Wilson, 1834. pp. 262.

A popular View of Homœopathy. By the Rev. Thos. Everest, Rector of Wickwar, Gloucestershire. London, Pickering, 1834. pp. 95.

A Descriptive Catalogue of the Collection, Illustrative of Geology, and Fossil and comparative Anatomy, in the Museum of Gideon Mantell, LL.D. Third Edition, London, Relfe, 1834. pp. 30.

One Step further in Stenography. By L. W. Tear. London, Van Voorst, 1834. 8vo. pp. 12. Eleven Plates.

CORRESPONDENTS.

E. H. M.—The prospectuses named by our Correspondent may be seen as advertisements on some of the covers of this Journal, published since September of the present year. A list of the teachers in Dublin, recognised at the London College of Surgeons, may be obtained, on application to the secretary, at the College in Lincoln's-Inn-Fields. Information on the subject of the University may also be obtained in the "Medical Pocket-Book," and the "British Medical Almanack" for 1835.

On the 1st of January 1835 will be published, No. 1 of the "Annals of General Science," conducted by Dr. R. D. Thomson and Dr. Thomas Thomson, of Glasgow, and to be continued monthly.

The statement of *Medicus* respecting the "Cyclopædia" and the "Dictionary," do not admit of publication without authentication.

The remarks made by *A Lover of Impartial Justice*, are too general to be productive of benefit.

The person to whom *J. C. L.* refers, is a quack. If he apply to any respectable physician or surgeon his case will doubtless be properly treated.

ERRATUM.—In Sir C. Scudamore's paper, page 411, case 2, line 8, *for* 1833, *read* 1834.